

EXHIBIT “A”

CORNELIUS POTTS

vs.

BANFIELD PET HOSPITAL

NO. 2019-02406

NOTICE TO DEFEND - CIVIL

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

LAWYER REFERENCE SERVICE
MONTGOMERY BAR ASSOCIATION
100 West Airy Street (REAR)
NORRISTOWN, PA 19404-0268

(610) 279-9660, EXTENSION 201

CORNELIUS POTTS

vs.

BANFIELD PET HOSPITAL

NO. 2019-02406

CIVIL COVER SHEET

State Rule 205.5 requires this form be attached to any document commencing an action in the Montgomery County Court of Common Pleas. The information provided herein is used solely as an aid in tracking cases in the court system. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

Name of Plaintiff/Appellant's Attorney: ROBERT F DATNER, Esq., ID: 63086

Self-Represented (Pro Se) Litigant ☐

Class Action Suit ☐ Yes ☒ No

MDJ Appeal ☐ Yes ☒ No

Money Damages Requested ☒

Commencement of Action:

Amount in Controversy:

Complaint

More than \$50,000

Case Type and Code

Tort: _____

Premises Liability

Other: _____

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY,
PENNSYLVANIA

Cornelius Potts and Iris Potts
(Individually and as h/w)
1630 Pine Street
Norristown, Pennsylvania 19401

VS.

Banfield Pet Hospital
18101 SE 6th Way
Vancouver, Washington 98683

NO.

and
Medical Management International, Inc.
8000 NE Tilamook
Box 13998
Portland, Oregon 97213-0998
and
PetSmart, Inc.
19601 North 27th Avenue
Phoenix, Arizona 85027

NOTICE TO DEFEND-CIVIL

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

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LAWYER REFERENCE SERVICE
MONTGOMERY BAR ASSOCIATION
100 West Airy Street (REAR)
NORRISTOWN, PA 19401
(610) 279-9660, EXTENSION 201

THE DATNER FIRM

BY: ROBERT F. DATNER, ESQUIRE
SUPREME COURT I.D. NO.: 63086
340 NORTH LANSDOWNE AVENUE
LANSDOWNE, PA 19050
TELEPHONE (610)394-3000
RobertDatner@Yahoo.com

ATTORNEY FOR PLAINTIFFS

IN THE COURT OF COMMON PLEAS
MONTGOMERY COUNTY, PENNSYLVANIA, CIVIL TRIAL DIVISION

Cornelius Potts and Iris Potts
(individually and as h/w)
1630 Pine Street
Norristown, Pennsylvania 19401

DOCKET NO.:

v.
Banfield Pet Hospital
18101 SE 6th Way
Vancouver, Washington 98683

and
Medical Management International, Inc.
8000 NE Tilamook
Box 13998
Portland, Oregon 97213-0998

and
Petsmart, Inc.
19601 North 27th Avenue
Phoenix, Arizona 85027

CIVIL ACTION-AT LAW

COMPLAINT

1. Plaintiffs, Cornelius Potts and Iris Potts are husband, wife, and residents of the Commonwealth of Pennsylvania, at the above captioned address.

2. Defendant, Banfield Pet Hospital, with an address as above captioned, is on

information and belief, a fictitious name under which defendant, Medical Management International, Inc. does business at 2100 Chemical Road, Plymouth Meeting, Pennsylvania 19462.

3. Defendant, Medical Management International, Inc., on information and belief, is an Oregon corporation, operating veterinary clinics throughout the United States and doing business as Banfield Pet Hospital with a veterinary clinic location at 2100 Chemical Road, Plymouth Meeting, Pennsylvania 19462.

4. Defendant, Petsmart, Inc., on information and belief, is an Arizona Corporation, with a business address as above captioned.

5. At all times material hereto, all of the above named defendants, both jointly and independently, themselves or through their agents, servants, and employees, as owners, lessees and/or sub-lessees, did operate a Veterinary Clinic, Veterinary hospital and retail pet store at 2100 Chemical Road, Plymouth Meeting, Pennsylvania, under the name Banfield Pet Hospital and every such defendant did exercise care, custody and control of that Veterinary Hospital/clinic and were responsible for the supervision and training of all of the employees working at the direction of the defendants.

6. Defendant PetSmart, Inc. operated a retail pet store at the aforementioned 2100 Chemical Road, Plymouth Meeting, Pennsylvania, in which defendants, Banfield Pet Hospital and Medical Management International, Inc. operated a veterinary Hospital/clinic that provided veterinary and grooming services.

7. As such, every one of these above listed defendants was responsible for the inspection, maintenance and upkeep of the aforesaid premises at 2100 Chemical Road, Plymouth Meeting, Pennsylvania, and for the hiring, training and supervision of employees providing veterinary and Pet grooming services, and for recognizing and correcting potentially harmful or

dangerous conditions by reasonable inspection and proper safety practices.

8. On or about February 4, 2017, the incident date, plaintiffs, Cornelius and Iris Potts, hired the above Defendants individually or jointly for the purpose of having veterinary and grooming services performed on their pet, a 200 pound Bull Mastiff dog. Specifically the services sought by the plaintiffs and provided by the defendants were rinsing out the dog's ears and clipping the dog's nails.

9. On the aforementioned date, Veterinary and grooming services were performed by employees, servants and/or agents of the defendants. Specifically, the services were performed by two female employees of the defendants.

10. On the aforementioned date, the two employees requested that the plaintiffs assist them in restraining the dog, while they rinsed out the dog's ears and clipped the dog's nails.

11. Plaintiff, Mr. Potts, attempted to hold the rear portion of his dog while the employees poured liquid in the dog's ears and clipped the dog's nails within an examining room at the defendants' veterinary hospital/clinic.

12. While the grooming and veterinary services were being performed by the defendants' employees the plaintiffs' dog moved vigorously, thereby causing the liquid solution then being used to clean the dog's ears to spray throughout and about the examining room and causing the glossy tile floor in the room to become wet, slippery and slick.

13. In addition, the dog was caused to bleed when the employees clipped the dog's nails causing blood to fall on the glossy tile floor, already wet from the solution that had been applied to the dog's ears.

14. While plaintiff, Mr. Potts, attempted to assist in restraining his dog, he was caused to slip and fall backwards on the wet and slippery tile floor, striking his head on the floor, the result

of which caused him to suffer serious and permanent personal injuries and damages.

15. As a consequence of this incident, plaintiff, Cornelius Potts sustained injuries including but not limited to injuries to the spine and neck, fractured spine requiring spinal fusion surgery, weakness, pain and other injuries to the bones, muscles, tissues, blood, nerves and other body parts of the head, trunk, torso, neck, extremities and nervous system, the full extent and nature of which is to be determined.

16. As a further result of the negligence of the defendants, plaintiff, Cornelius Potts sustained damages including but not limited to:

- a. Pain and suffering, past, present and future;
- b. Past and future medical expenses;
- c. Extreme distress, emotional upset, embarrassment and humiliation, past, present and future;
- d. Disability, past, present and future;
- e. Disfigurement, loss of life's pleasures and other intangible losses compensable under the Laws of the Commonwealth of Pennsylvania past, present and future.

Count I
Cornelius Potts v. Banfield Pet Hospital
Negligence

17. The averments of all other paragraphs of this complaint are repeated herein by reference, as though set forth here in full.

18. The accident, fall, injury, and damages described above resulted from the negligence of this defendant and its employees, agents and representatives by acts or omissions, including but not limited to:

- a. failure to properly secure plaintiffs dog so as to avoid a serious risk of injury to plaintiff;
- b. failure to inspect the floor within the examining room to see an obviously dangerous condition;
- c. failure to use floor mats, carpets or any other device to make sure that a slippery hazardous floor would not be created during the performance of veterinary and grooming services that involved liquids, that caused a hazard to those individuals standing on the floor, such as plaintiff;
- d. failure to take reasonable steps to identify and protect against dangerous conditions which the customers of the defendants could not reasonably be expected to observe, foresee, avoid or protect against;
- e. failure to use the best practices when cleaning/rinsing the ears and clipping the nails of a large dog;
- f. failure to provide adequate safeguards for the plaintiff;
- g. failure to choose a different surface for the floor other than a tile floor;
- h. failure to use reasonable care to hire and retain individuals for the purpose of inspecting and cleaning work areas, such as the examining room described herein,
- i. failure to post signs, barricades or other warnings of the dangers;
- j. failure to exercise reasonable care under the circumstances.
- k. Failure to exercise reasonable care to protect its business invitees;
- l. Improperly requesting the assistance of the plaintiffs in performing veterinary and grooming services when defendants knew or should have

- known that to do so created a serious risk of injury to plaintiffs;
- m. Failure to utilize proper veterinary and dog grooming methods and procedures at defendant's clinic;
 - n. failure to perform veterinary and grooming services with a sufficient number of employees so as to avoid a serious risk of harm to plaintiffs;
 - o. Allowing the floor to remain slippery and wet during the performance of veterinary and grooming services so as to create a slip hazard;
 - p. Inadequate staffing during the performance of veterinary and grooming services;
 - q. Failure to post warnings, barricades or other cautionary measures to protect business invitees;
 - r. violating the provisions of Federal, State, and local ordinances, laws and regulations governing the operation of a veterinary and pet grooming facility;
 - s. Violating the provisions of applicable industry, trade, safety and other practice standards;
 - t. Failure to reasonably inspect and repair the dangers and defects at the property under this defendant's custody and control;
 - u. Failure to use reasonable care in hiring, assigning, monitoring, and overseeing such company or individual employees or independent contractors who were engaged in any activity that caused or contributed to the injury of the plaintiff.
 - v. Failure to use reasonable care in training such company or individual

employees or independent contractors who were engaged in any activity that caused or contributed to the injury of the plaintiff.

- w. Failure to use reasonable care in practicing veterinary medicine and dog grooming.

WHEREFORE, plaintiff prays for damages against this defendant in an amount exceeding the jurisdictional arbitration limits, plus the imposition of delay damages, interest, court costs, and other costs allowed by law.

Count II
Cornelius Potts v. Medical Management International, Inc. Corporation
Negligence

19. The averments of all other paragraphs of this complaint are repeated herein by reference, as though set forth here in full.

20. The accident, fall, injury, and damages described above resulted from the negligence of this defendant and its employees, agents and representatives by acts or omissions, including but not limited to:

- a. failure to properly secure plaintiff's dog so as to avoid a serious risk of injury to plaintiff;
- b. failure to inspect the floor within the examining room to see an obviously dangerous condition;
- c. failure to use floor mats, carpets or any other device to make sure that a slippery hazardous floor would not be created during the performance of veterinary and grooming services that involved liquids, that caused a hazard to those individuals standing on the floor, such as plaintiff;

- d. failure to take reasonable steps to identify and protect against dangerous conditions which the customers of the defendants could not reasonably be expected to observe, foresee, avoid or protect against;
- e. failure to use the best practices when cleaning/rinsing the ears and clipping the nails of a large dog;
- f. failure to provide adequate safeguards for the plaintiff;
- g. failure to choose a different surface for the floor other than a tile floor;
- h. failure to use reasonable care to hire and retain individuals for the purpose of inspecting and cleaning work areas, such as the examining room described herein,
- i. failure to post signs, barricades or other warnings of the dangers;
- j. failure to exercise reasonable care under the circumstances.
- k. Failure to exercise reasonable care to protect its business invitees;
- l. Improperly requesting the assistance of the plaintiffs in performing veterinary and grooming services when defendants knew or should have known that to do so created a serious risk of injury to plaintiffs;
- m. Failure to utilize proper veterinary and dog grooming methods and procedures at defendant's clinic;
- n. failure to perform veterinary and grooming services with a sufficient number of employees so as to avoid a serious risk of harm to plaintiffs;
- o. Allowing the floor to remain slippery and wet during the performance of veterinary and grooming services so as to create a slip hazard;
- p. Inadequate staffing during the performance of veterinary and grooming

services;

- q. Failure to post warnings, barricades or other cautionary measures to protect business invitees;
- r. violating the provisions of Federal, State, and local ordinances, laws and regulations governing the operation of a veterinary and pet grooming facility;
- s. Violating the provisions of applicable industry, trade, safety and other practice standards;
- t. Failure to reasonably inspect and repair the dangers and defects at the property under this defendant's custody and control;
- u. Failure to use reasonable care in hiring, assigning, monitoring, and overseeing such company or individual employees or independent contractors who were engaged in any activity that caused or contributed to the injury of the plaintiff.
- v. Failure to use reasonable care in training such company or individual employees or independent contractors who were engaged in any activity that caused or contributed to the injury of the plaintiff.
- w. Failure to use reasonable care in practicing veterinary medicine and dog grooming.

WHEREFORE, plaintiff prays for damages against this defendant in an amount exceeding the jurisdictional arbitration limits, plus the imposition of delay damages, interest, court costs, and other costs allowed by law.

Count III
Cornelius Potts v. Petsmart, Inc.
Negligence

21. The averments of all other paragraphs of this complaint are repeated herein by reference, as though set forth here in full.

22. The accident, fall, injury, and damages described above resulted from the negligence of this defendant and its employees, agents and representatives by acts or omissions, including but not limited to:

- a. failure to properly secure plaintiff's dog so as to avoid a serious risk of injury to plaintiff;
- b. failure to inspect the floor within the examining room to see an obviously dangerous condition;
- c. failure to use floor mats, carpets or any other device to make sure that a slippery hazardous floor would not be created during the performance of veterinary and grooming services that involved liquids, that caused a hazard to those individuals standing on the floor, such as plaintiff;
- d. failure to take reasonable steps to identify and protect against dangerous conditions which the customers of the defendant could not reasonably be expected to observe, foresee, avoid or protect against;
- e. failure to use the best practices when cleaning/rinsing the ears and clipping the nails of a large dog;
- f. failure to provide adequate safeguards for the plaintiff;
- g. failure to choose a different surface for the floor other than a tile floor;
- h. failure to use reasonable care to hire and retain individuals for the purpose of inspecting and cleaning work areas, such as the examining room

described herein,

- i. failure to post signs, barricades or other warnings of the dangers;
- j. failure to exercise reasonable care under the circumstances.
- k. Failure to exercise reasonable care to protect its business invitees;
- l. Improperly requesting the assistance of the plaintiffs in performing veterinary and grooming services when defendants knew or should have known that to do so created a serious risk of injury to plaintiffs;
- m. Failure to utilize proper veterinary and dog grooming methods and procedures at defendant's clinic;
- n. failure to perform veterinary and grooming services with a sufficient number of employees so as to avoid a serious risk of harm to plaintiffs;
- o. Allowing the floor to remain slippery and wet during the performance of veterinary and grooming services so as to create a slip hazard;
- p. Inadequate staffing during the performance of veterinary and grooming services;
- q. Failure to post warnings, barricades or other cautionary measures to protect business invitees;
- r. violating the provisions of Federal, State, and local ordinances, laws and regulations governing the operation of a veterinary and pet grooming facility;
- s. Violating the provisions of applicable industry, trade, safety and other practice standards;
- t. Failure to reasonably inspect and repair the dangers and defects at the

property under this defendant's custody and control;

- u. Failure to use reasonable care in hiring, assigning, monitoring, and overseeing such company or individual employees or independent contractors who were engaged in any activity that caused or contributed to the injury of the plaintiff.
- v. Failure to use reasonable care in training such company or individual employees or independent contractors who were engaged in any activity that caused or contributed to the injury of the plaintiff.
- w. Failure to use reasonable care in practicing veterinary medicine and dog grooming.

WHEREFORE, plaintiff prays for damages against this defendant in an amount exceeding the jurisdictional arbitration limits, plus the imposition of delay damages, interest, court costs, and other costs allowed by law.

COUNT IV
Iris Potts v. Defendants
Consortium

23. The averments of all other paragraphs of this complaint are repeated herein by reference, as though set forth here in full.

24. Since the injury and damages sustained by the plaintiff, resulted from the negligence of these defendants, as set forth in the foregoing counts, plaintiff's spouse, is entitled to recover from the these defendants for consortium injuries that the spouse has suffered as a consequence of harm to the injured plaintiff.

25. As a result of the negligence of these defendants, plaintiff's spouse has been

deprived of the enjoyment, support, society, companionship, and consortium of the injured spouse and believes and, therefore, avers that such deprivation will continue into the future.

26. As a result of the negligence of these defendants, plaintiff's spouse has been compelled in the past and will be compelled in the future, to expend substantial sums of money for medical care, medicines, and other expenses for the injured spouse directly related to, resulting from or caused by the negligence of this defendant.

WHEREFORE, Plaintiff's spouse prays for damages against these defendants in an amount exceeding the jurisdictional arbitration limits plus the imposition of delay damages, interest, court costs, and other costs allowed by law.

BY:



ROBERT F. DATNER, ESQUIRE
ATTORNEY FOR PLAINTIFFS,
CORNELIUS POTTS AND IRIS POTTS
(INDIVIDUALLY and as H/W)

COMMONWEALTH OF PENNSYLVANIA :
COUNTY OF MONTGOMERY : ss
:

VERIFICATION

Corneilous Potts, hereby states that he is the plaintiff in this action, and that he verifies that the statements made in the foregoing Complaint are true and correct to the best of his knowledge, information, and belief. The undersigned understands that the statements therein are made subject to penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.


CORNEILOUS POTTS

February 3, 2019
DATE

EXHIBIT “B”


Banfield
PET HOSPITAL

Public Incident Report

Fax to 503-922-8808

360-784-6259

 Use this form to report accidents and injuries to customers or clients in the hospital. Please print legibly.
 For injuries to associates, use Nurse Assistance Line under Workers Comp.

 Hospital #: 00.0562 Incident Date: February 4, 2017 Time: 10:00-11:16am

 Hospital Address: 2100 Chemical Rd City: Plymouth Meeting State: PA Zip: 19462

 Hospital Phone Number: 610-828-2430 Team Leader: Kimberly Ahonkhai

 Associate to contact regarding this incident: Paola Carrillo Cardenas/Kimberly Ahonkhai

 Incident Witness Name: Paola Carrillo Cardenas Title: Veterinary Assistant

 Injured Party Name: Cornellous Potts (as shown on letter from Attorney)

 Injured Party Address: 1630 Pine St City: Norristown State: PA Zip: 19401

 Home Phone: (267) 528-4989 Business: _____ Cell: _____

 Describe Injury/Incident: Paola remembers the owner holding his 197 lb dog; the owner was in a "squatting position." The dog started jumping up and down and the owner lost his balance and fell backwards again the exam room door. The associate asked the owner if he was alright and he replied yes. The doctor was not in the room at the time.

 Body Part Injured: _____ Left ☐ Right ☐ Both ☐

 Type: Bruise ☐ Laceration/Scratch ☐ Bite ☐ Strain/Sprain ☐ Break ☐ Other ☐

 If Other, please describe: _____ First Aid Provided: Y ☐ N ☐

 Additional treatment sought/recommended: Y ☐ N ☐

If a Pet caused injury/incident, please complete the following:

 Pet Name: Odin Pet Type: Dog Breed: Mastiff Age: 5yr, 9mo

 Gender: M ☒ F ☐ Spayed/Neutered: Y ☒ N ☐ Vaccinations Current: Y ☐ N ☒

Pet Owner Name (If other than injured party) _____

Pet Owner Address _____

Home Phone _____ Business _____ Cell _____

Paola Carrillo
 Signature of Associate Reporting Incident

Veterinary Assistant
 Title

May 12, 2017
 Date

Signature of Injured Party _____

Date _____

4/29/2011

PI Doc Prod 0001

New Case Transmittal

To: Marc Perry
From: Escence Durkin
Subject: New Referral – Cornelius Potts v. Medical Management International Inc.
Claim Number: 15-00979061
Insured: Medical Management International Inc.
Plaintiff: Cornelius Potts
Date of Loss: 2/4/17
Notice Date: 5/15/17
Referral Date: 11/20/18
Feature Number: 1

Underlying Coverage:

Policy Number - LH2-A938315
Underwriting Company – Hanover Insurance Company
Agent – Arthur J. Gallagher (0901489)
Date of Loss – 2/4/17
Policy Period – 6/1/16 – 6/1/17
Loss Location – 2100 Chemical Road, Plymouth Meeting, PA
Underlying Policy Limits - \$1,000,000
Med Pay: \$10,000

Umbrella Coverage:

There is an umbrella policy with Hanover (policy number UH2-A938316) that has a \$5 million limit

Coverage Analysis:

This matter is pre-suit.

Facts of Loss:

The plaintiff alleges that after being in the waiting room, the plaintiff and dog were called into the examining room. In the room was the plaintiff, Iris Reed (SO), Otis (the dog), The Dr. and a vet assistant. First they were to examine the dog's ears and flush with a solution. While attempting to flush the dogs ears with the solution the dog was shaking his head and solution was going onto table and floor, they flushed the ears multiple times and the plaintiff alleges a lot of solution went onto the floor.

After the ear flush, the Dr. left the room and assistant was to cut the dogs nails. The plaintiff was squatting down holding his dog from behind and vet assistant was cutting nails. The dog jumped/moved and the plaintiff slipped on the wet floor and fell backwards striking his back and head on the floor.

Insured states the plaintiff was in exam room with his 197 lb. mastiff (dog). He was in squatting position holding dog, when dog began to jump. The plaintiff while attempting to control his dog, fell backwards and struck a wooden door.

Liability Analysis:

TBD but appears questionable at this time.

Damages:

Plaintiff's counsel states that his client did not experience immediate pain. The plaintiff left the vet's office and when he got home he started to feel pain in his back. He continued to work and did not treat until approximately 3 weeks after the incident when plaintiff's counsel stated the plaintiff was in so much pain he could barely walk. The plaintiff went to the ER and after an MRI and X-rays of his back he was immediately transported to the OR where they performed an emergency spinal fusion. He was 6 days in ICU and 7 days inpatient. He is still treating with rehab/physical therapy.

Instructions to Counsel:

This matter is pre-suit. Please interview the doctor and any associates that were involved or around during the time of the incident.

The Insured contact is:

Donna Josey

Sr. Lead – Workers' Compensation and Insurance Unit

Veterinary Health Group

Central Team Support

18101 SE 6th Way, Vancouver, WA 98683

p 360-784-5256 | f 360-784-6256

donna.josey@banfield.com

EXHIBIT “C”

CORNELIUS POTTS
POTTS vs BANFIELD PET HOSPITAL

October 08, 2019

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<p>1 UNITED STATES DISTRICT COURT</p> <p>2 FOR THE EASTERN DISTRICT</p> <p>3 OF PENNSYLVANIA</p> <p>4 CORNELIUS POTTS and : IRIS POTTS :</p> <p>5 :</p> <p>6 vs. : CIVIL ACTION</p> <p>7 :</p> <p>8 BANFIELD PET HOSPITAL, : MEDICAL MANAGEMENT : INTERNATIONAL, INC., and : 9 PETSMART, INC. : NO. 2:19cv-01059</p> <p>10 October 8, 2019</p> <p>11 - - -</p> <p>12 Video deposition of Cornelius Potts,</p> <p>13 taken pursuant to notice, was held at the Law</p> <p>14 Offices of Post & Schell, P.C., Four Penn Center,</p> <p>15 13th Floor, 1600 JFK Boulevard, Philadelphia,</p> <p>16 Pennsylvania 19103, beginning at 10:40 a.m. before</p> <p>17 Jay Pensak, Registered Professional Reporter.</p> <p>18</p> <p>19</p> <p>20</p> <p>21 ESQUIRE DEPOSITION SERVICES</p> <p>22 1835 Market Street, Suite 555</p> <p>23 Philadelphia, Pennsylvania 19103</p> <p>24 (215) 988-9191</p>	<p>1 INDEX</p> <p>2 WITNESSES</p> <p>3 Cornelius Potts 5</p> <p>4 By Mr. Perry 5</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
Page 2	Page 4
<p>1 APPEARANCES:</p> <p>2 POST & SCHELL, P.C.</p> <p>3 BY: MARC H. PERRY, ESQUIRE</p> <p>4 FOUR PENN CENTER</p> <p>5 1600 JOHN F. KENNEDY BLVD.</p> <p>6 PHILADELPHIA, PA 19103</p> <p>7 COUNSEL FOR DEFENDANTS</p> <p>8</p> <p>9 THE DATNER FIRM</p> <p>10 BY: ROBERT F. DATNER, ESQUIRE</p> <p>11 340 N. LANSDOWNE AVENUE</p> <p>12 LANSDOWNE, PA 19050</p> <p>13 COUNSEL FOR PLAINTIFFS</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>1</p> <p>2 It is hereby stipulated by and</p> <p>3 between counsel that filing, sealing,</p> <p>4 signing and certification are waived, and</p> <p>5 that all objections, except as to the form</p> <p>6 of the question, are reserved until the</p> <p>7 time of trial.</p> <p>8</p> <p>9 CORNELIUS POTTS, having been duly</p> <p>10 sworn, testified as follows:</p> <p>11</p> <p>12 THE VIDEOGRAPHER: This is the</p> <p>13 videotape deposition of Cornelius Potts</p> <p>14 taken in the case of Cornelius Potts</p> <p>15 versus Banfield Pet Hospital, et al filed</p> <p>16 in the U.S. District Court of</p> <p>17 Pennsylvania, Case Number 2:19-cv-01059.</p> <p>18 The deposition is being held in</p> <p>19 1600 JFK Boulevard on October 8th, 20019,</p> <p>20 the time is 10:41 a.m.</p> <p>21 My name is Scott Roland, the video</p> <p>22 operator.</p> <p>23 The court reporter is Jay Pensak.</p> <p>24 Counsel will now introduce</p>

CORNELIUS POTTS
POTTS vs BANFIELD PET HOSPITAL

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<p style="text-align: right;">Page 5</p> <p>1 themselves.</p> <p>2 MR. PERRY: Marc Perry for Banfield</p> <p>3 Hospital, et al.</p> <p>4 MR. DATNER: Robert Datner on</p> <p>5 behalf of the plaintiffs, Cornelius and</p> <p>6 Iris Potts.</p> <p>7 THE VIDEOGRAPHER: The court</p> <p>8 reporter will now swear in the witness.</p> <p>9</p> <p>10 CORNELIUS POTTS, having been duly</p> <p>11 sworn, testified as follows:</p> <p>12</p> <p>13 BY MR. PERRY:</p> <p>14 Q Mr. Potts, good morning.</p> <p>15 A Good morning.</p> <p>16 Q My name is Marc Perry and I'm going to be</p> <p>17 asking you some questions about your fall that</p> <p>18 occurred on February 4th, 2017. Okay?</p> <p>19 A Okay.</p> <p>20 Q Before we get started, I'm going to give</p> <p>21 you a set of instructions for us to follow.</p> <p>22 Number one is we have a court</p> <p>23 reporter here who is taking down everything you say</p> <p>24 and everything I say, so it's important that you</p>	<p style="text-align: right;">Page 7</p> <p>1 question to be fully finished so that we can have an</p> <p>2 accurate and clear record.</p> <p>3 Is that understood?</p> <p>4 A Yes.</p> <p>5 Q Are you currently on any type of</p> <p>6 medication, prescription drug, that may affect your</p> <p>7 ability to testify truthfully and accurately here</p> <p>8 today?</p> <p>9 A No.</p> <p>10 Q Can you give us your date of birth?</p> <p>11 A 10-29-56, October.</p> <p>12 Q And where do you currently live?</p> <p>13 A 1630 Pine Street, Norristown, PA 19401.</p> <p>14 Q And how long have you lived there?</p> <p>15 A Approximately eight, going on nine years.</p> <p>16 Q And do you live there with anyone?</p> <p>17 A Yes.</p> <p>18 Q And who do you live there with?</p> <p>19 A Iris.</p> <p>20 Q And Iris is your wife?</p> <p>21 A Yes. She's my partner.</p> <p>22 Q And when you say partner, are you legally</p> <p>23 married?</p> <p>24 A No.</p>
<p style="text-align: right;">Page 6</p> <p>1 speak verbally. So a yes, no or in paragraph form.</p> <p>2 Is that understood?</p> <p>3 A Yes.</p> <p>4 Q We do that because it's really hard for a</p> <p>5 court reporter to pick up a nod of the head or a</p> <p>6 shrug of the shoulders or something like that.</p> <p>7 Is that understood?</p> <p>8 A Yes.</p> <p>9 Q And what you say and what I say is going</p> <p>10 to be used in a booklet and could be used at trial</p> <p>11 at any time, so it's important that your answers are</p> <p>12 truthfully made and that they're accurate.</p> <p>13 Is that understood?</p> <p>14 A Yes.</p> <p>15 Q At any time during the course of the</p> <p>16 deposition if you want to take a break, you're</p> <p>17 welcome to do that. I don't think we're going to be</p> <p>18 particularly long, but if you want to speak to your</p> <p>19 attorney, you're welcome to do that as well.</p> <p>20 Is that understood?</p> <p>21 A Yes.</p> <p>22 Q During the course of the deposition you</p> <p>23 may anticipate an answer to my question before I</p> <p>24 even finish. If you do that, please wait for my</p>	<p style="text-align: right;">Page 8</p> <p>1 Q How long have you been partners with Iris?</p> <p>2 A Going on eleven years.</p> <p>3 Q And do you have any children?</p> <p>4 A Yes.</p> <p>5 Q How many children do you have?</p> <p>6 A I have two.</p> <p>7 Q And how old are they?</p> <p>8 A My daughter is thirty-nine and my son is</p> <p>9 thirty-seven.</p> <p>10 Q And were either of them living with you</p> <p>11 at the time of this incident?</p> <p>12 A No.</p> <p>13 Q Do you live in a house or an apartment?</p> <p>14 A House.</p> <p>15 Q Is it two-story or one-story?</p> <p>16 A Two-story.</p> <p>17 Q Did your injuries as a result of this</p> <p>18 incident affect your ability to walk around the</p> <p>19 house or to get up and down the stairs or anything?</p> <p>20 A Yes.</p> <p>21 Q Did you have to modify anything in the</p> <p>22 house because of that?</p> <p>23 A No.</p> <p>24 Q And we'll get more in depth into that but</p>

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<p style="text-align: right;">Page 9</p> <p>1 I at least just wanted to touch base where you're 2 living. 3 Can you give us your Social 4 Security Number? 5 (Social Security Number was given 6 off the record) 7 THE VIDEOGRAPHER: We're going off 8 the record. The time is 10:45. 9 We are now on the record, the time 10 is 10:45. 11 BY MR. PERRY: 12 Q Sir, at the time of this incident in 13 February of 2017, were you employed? 14 A Yes. 15 Q And where were you employed? 16 A Arcelor Mittal Steel Plant. A-R-C-E-L-O-R 17 M-I-T-T-A-L. 18 Q And what were your duties and 19 responsibilities at Arcelor? 20 A At that time I worked several positions in 21 there, several jobs in there. But at that time I 22 was in the heat treat furnace department. Heat 23 treat. 24 Q And what is a heat treat furnace</p>	<p style="text-align: right;">Page 11</p> <p>1 Q So November the 1st of 2018? 2 A Yes. 3 Q What are some of the benefits of your 4 retirement in terms of -- Let's just start with, do 5 you have a pension? 6 A Yes. 7 Q And does that pension entail paying you a 8 salary every month? 9 A Yes. 10 Q Is it similar to the salary -- Tell me the 11 difference, if there is a difference, between the 12 salary you would have been getting if you stayed 13 employed as opposed to retiring, how much per month? 14 A I left two years prior to retirement. 15 Q Actually that's what I'm getting at. You 16 left two years early? 17 A Yes. 18 Q So if it wasn't for this injury you would 19 have retired two years later in 2019? 20 A I was forced to retire because of my 21 incident. I tried to go back to work twice. 22 Q Okay. 23 A And I was deemed as a fall risk because of 24 my incident and physically what was going on at the</p>
<p style="text-align: right;">Page 10</p> <p>1 department? 2 A My responsibilities were to service the 3 mill as they will call for slabs or ingots of steel. 4 We would heat treat and send out the correct slabs. 5 They were all ID'd. We would send out the correct 6 slab to the mill when they will call for it. 7 Q Is this a job where you're standing up 8 most of the time? 9 A I would say at least fifty percent of the 10 time standing. 11 Q And as a result of this incident, did you 12 stop working at Arcelor? 13 A Yes. 14 Q Have you worked since? 15 A No. 16 Q So since February 4, 2017 you have not 17 been back to work; is that correct? 18 A Correct. 19 Q Are you still employed by Arcelor? 20 A No. 21 Q Were you let got or fired by Arcelor? 22 A Retired. 23 Q When did you retire? 24 A November the 1st of last year.</p>	<p style="text-align: right;">Page 12</p> <p>1 time, I was walking with the cane and my walking was 2 compromised. I did see the practitioner on the job 3 twice, which they deemed that I was a fall risk. So 4 I was not allowed to come back to work. 5 Q If it wasn't for this incident in February 6 of 2017 where you fell at the pet hospital, would 7 you have continued to work at Arcelor? 8 A Absolutely. 9 Q Okay. Was it your intention on retiring, 10 and not in 2017 but if this incident did not occur, 11 would you have retired in 2019? 12 A No. 13 Q When were you looking forward to 14 retirement? 15 A Contemplated it at age sixty-five. I 16 would have contemplated it. 17 Q And is there any policy at Arcelor that 18 you have to retire at sixty-five? 19 A We have or they have, along with retiring 20 at your retirement date, they also have what they 21 call Rule 85 which allows you to retire early with 22 the addition of your years of service, which I had 23 twenty-four years of service, and your age. If it 24 calculates up to eighty-five, then you're allowed to</p>

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1 retire at that point.

2 Q I'll come back to this in a little bit.

3 Let's go over your education for a

4 second.

5 You graduated from high school?

6 A Yes.

7 Q What year was that?

8 A '74.

9 Q And did you pursue any college?

10 A No. Right into the work force.

11 Q How long had you been working for Arcelor

12 in 2017 before this incident occurred?

13 A Probably twenty-three years, twenty-two,

14 twenty-three years.

15 Q And what were some of the job

16 responsibilities that you had at Arcelor?

17 A I started as what they call a burner where

18 we would burn the parent slabs to the specific

19 dimensions of what they wanted to put into the mill

20 for customers.

21 After that I went to Q and T, which

22 is quintus (sic) and heat treating department where

23 we would test the hardness, after the heating of it

24 we would test the hardness of the plate for the

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1 customers from that department. And I was a

2 supervisor in that department as well, became a

3 supervisor.

4 After that I went to the heat

5 treating furnace department which fed the mill and

6 the mill would roll the slabs out into the specific

7 sizes that the customer would want.

8 Q And that was your final work

9 responsibility before this incident happened?

10 A Correct.

11 Q How long had you been working in the heat

12 treat department before this accident?

13 A I want to say eight to ten years.

14 Q And what was your rate of pay at the time

15 that you stopped working in February of 2017?

16 A I believe it was twenty-six and some

17 change an hour, twenty-six thirty-five or something

18 like that. And that's without the overtime or the

19 bonuses.

20 Q How often would you work overtime?

21 A It would be available at least, I want to

22 say at least two or three times during the week, if

23 not more.

24 Q On average, how many hours per week would

Page 15

1 you work?

2 A I'll say sixty.

3 MR. DATNER: If you want to make a

4 request for tax returns, I'll get them to

5 you.

6 MR. PERRY: Yeah, that would be

7 great.

8 BY MR. PERRY:

9 Q So on average about sixty hours a week?

10 A Yeah.

11 Q And how long had you been doing that for,

12 how many years?

13 A I would say at least nineteen years I

14 would say.

15 Q Did you ever stop working because of a

16 Workers Compensation claim?

17 A No.

18 Q Any type of injury on the job?

19 A No.

20 Q Have you been involved in any prior

21 lawsuits for personal injury?

22 A No.

23 Q Were you diagnosed at all with a diabetic

24 neuropathy before this incident?

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1 A Yes.

2 Q When were you diagnosed with that?

3 A I want to say maybe seven years prior to

4 the incident. Maybe shorter. I'm not quite sure.

5 Q And tell me how this diabetic neuropathy

6 would manifest itself in your body. Like for

7 example, did you have tingling in your legs, any

8 type of pain in your legs? Can you describe it for

9 knee?

10 A Tingling. Numbness.

11 Q Did it go all the way down to your feet?

12 A In my toes and in my fingers. Not

13 necessarily in my legs.

14 Q And was it always present?

15 A No.

16 Q Were you on any type of medication for the

17 neuropathy?

18 A Yes.

19 Q What were you on?

20 A I just took it this morning. It's right

21 on the tip of my tongue. I can't think of it.

22 Q Lyrica?

23 A Yes. Glipizide and Toujeo. Insulin.

24 Q The insulin; right?

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<p style="text-align: right;">Page 17</p> <p>1 A Yes.</p> <p>2 Q Was your neuropathy medically controlled</p> <p>3 at the time of this incident in February 2017?</p> <p>4 A Yes.</p> <p>5 Q Had you had any prior falls prior to</p> <p>6 February of 2017?</p> <p>7 A No.</p> <p>8 Q How about incidents where you may have</p> <p>9 stumbled or anything like that because of your</p> <p>10 tingling and numbness?</p> <p>11 A I don't recall falling prior to this. Now</p> <p>12 I do have gout and sometimes when I would have the</p> <p>13 gout attack, of course that attacks, it would attack</p> <p>14 my joints sometimes in my feet, on an ankle mostly</p> <p>15 or the big toe. But that was more pain than</p> <p>16 immobility or anything like that.</p> <p>17 Q When were you diagnosed with gout, if you</p> <p>18 recall?</p> <p>19 A I'm not sure. I don't recall. Probably</p> <p>20 that same time frame of seven years or so.</p> <p>21 Q Seven years before the incident?</p> <p>22 A Yeah.</p> <p>23 Q Who was your family physician at the time</p> <p>24 of this incident?</p>	<p style="text-align: right;">Page 19</p> <p>1 tell me about the incident yet, I just want to know</p> <p>2 about the dog.</p> <p>3 A Okay. Well, his name is Odin. We rescued</p> <p>4 him, I guess six years, six or seven years ago,</p> <p>5 maybe longer, and he's a BullMastiff.</p> <p>6 Q So a big dog?</p> <p>7 A Yes.</p> <p>8 Q Tell me how large?</p> <p>9 A He's about two hundred plus pounds now.</p> <p>10 Q How big was he in February of 2017?</p> <p>11 A He was close to two but he probably was</p> <p>12 around one eighty, one ninety.</p> <p>13 Q Were you able to pick him up?</p> <p>14 A Not if I could help it. But I mean, you</p> <p>15 know, not without some help.</p> <p>16 Q And where would you usually take him to</p> <p>17 get groomed?</p> <p>18 A To -- What was the name of it?</p> <p>19 Q Did you go to Petsmart?</p> <p>20 A Yes.</p> <p>21 Q And which Petsmart would you go to</p> <p>22 usually?</p> <p>23 A Usually we would go to the one at</p> <p>24 Plymouth.</p>
<p style="text-align: right;">Page 18</p> <p>1 A Doctor Andrew Graf, G-R-A-F.</p> <p>2 Q And where is Doctor Graf located?</p> <p>3 A In Norristown.</p> <p>4 Q Was he also following you for the</p> <p>5 diabetes?</p> <p>6 A Yes. He knew of it.</p> <p>7 Q Would you have a doctor following you for</p> <p>8 the diabetes?</p> <p>9 A Yes.</p> <p>10 Q Who was that?</p> <p>11 A Doctor Lisa Hamaker, H-A-M-A-K-E-R.</p> <p>12 Q And where is Doctor Hamaker located?</p> <p>13 A King of Prussia.</p> <p>14 Q Prior to this incident, have you been</p> <p>15 treated for any type of neck pain?</p> <p>16 A No.</p> <p>17 Q How about prior to this incident, have you</p> <p>18 been treated for any type of back pain?</p> <p>19 A No.</p> <p>20 Q Prior to this incident have you been</p> <p>21 treated by any physician about neck or back pain?</p> <p>22 A No.</p> <p>23 Q Tell me a little bit about your dog that</p> <p>24 was involved in this whole thing. You don't have to</p>	<p style="text-align: right;">Page 20</p> <p>1 Q Plymouth Meeting?</p> <p>2 A Yes.</p> <p>3 Q How often -- Let me just back up.</p> <p>4 In 2017, you had had your dog,</p> <p>5 what's his name, Odin?</p> <p>6 A Odin.</p> <p>7 Q For a number of years; correct?</p> <p>8 A Yes.</p> <p>9 Q And how often prior to 2017 would you take</p> <p>10 Odin to the Petsmart to be groomed?</p> <p>11 A Not a lot because he was so big. Every</p> <p>12 once a month or every once in awhile.</p> <p>13 Q About once a month on average?</p> <p>14 A Maybe. Maybe.</p> <p>15 Q And prior to this incident, I'm not</p> <p>16 talking about this incident, prior to this incident</p> <p>17 when you took him to the Plymouth Meeting Petsmart,</p> <p>18 what types of things would you have done for Odin</p> <p>19 there usually?</p> <p>20 A They would just give him a shampoo. At</p> <p>21 times they will try to attempt to do his toes but</p> <p>22 because he was so large and, of course, he wouldn't</p> <p>23 allow it, you know, they were discouraged behind</p> <p>24 that so they wouldn't necessarily do that because of</p>

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<p style="text-align: right;">Page 21</p> <p>1 the struggles with him.</p> <p>2 Q Right.</p> <p>3 A So we wouldn't have that done.</p> <p>4 Q And when you would take him for a bath at</p> <p>5 Petsmart, would you assist the people at Petsmart?</p> <p>6 A No.</p> <p>7 Q So they would do it themselves?</p> <p>8 A Yes.</p> <p>9 Q And how about when they tried to work on</p> <p>10 his toes, they would do that themselves?</p> <p>11 A Yes.</p> <p>12 Q Would you ever assist with anything?</p> <p>13 A No.</p> <p>14 Q Tell me what happened in February of 2017.</p> <p>15 Tell me what took place.</p> <p>16 A We took him to the vet, which was in the</p> <p>17 same store, same place as the Petsmart for him to</p> <p>18 get his feet done, clipped, and for his ears to be</p> <p>19 checked because he had a lot of irritation in his</p> <p>20 ears at the time, shaking his head a lot. So that's</p> <p>21 originally why we took him to Petsmart and for just</p> <p>22 overall examination.</p> <p>23 Q And had you been to the vet at Banfield</p> <p>24 Hospital before?</p>	<p style="text-align: right;">Page 23</p> <p>1 recollect. But at the time she was doing his</p> <p>2 toenails, clipping his toenails, I think he started</p> <p>3 bleeding at the time.</p> <p>4 Q Okay. So just to get the picture correct,</p> <p>5 you're in the same room with the doctor, the vet; is</p> <p>6 that correct?</p> <p>7 A Yes.</p> <p>8 Q Iris is in the room with you; correct?</p> <p>9 A Yes.</p> <p>10 Q And Odin, your dog, is in there with you;</p> <p>11 correct?</p> <p>12 A Yes.</p> <p>13 Q Is Odin on a table? Is he on the floor?</p> <p>14 A On the floor.</p> <p>15 Q Okay. I would assume he's too big to put</p> <p>16 on the table?</p> <p>17 A Correct.</p> <p>18 Q He's on the floor. And where are you?</p> <p>19 Are you sitting next to him? Are you standing.</p> <p>20 What are you doing?</p> <p>21 A When we first got in there, I was sitting</p> <p>22 and Iris was standing and then just before she went</p> <p>23 to do his ears, the doctor -- Iris was sitting, so</p> <p>24 the doctor wanted Iris to hold his head. She wanted</p>
<p style="text-align: right;">Page 22</p> <p>1 A No.</p> <p>2 Q The first time you had gone to this vet?</p> <p>3 A Yes.</p> <p>4 Q What other vet did you use for Odin?</p> <p>5 A I forget. I forget. We used him for</p> <p>6 another vet but I forget where he's located at. I</p> <p>7 want to say Plymouth Meeting but I'm not even sure.</p> <p>8 Q So tell me what happened when you were at</p> <p>9 the hospital, at the vet?</p> <p>10 A Well, we took him to the vet, me and Iris,</p> <p>11 and when he went in and the doctors came out to</p> <p>12 examine him, like I said, I think we had two</p> <p>13 different procedures done at that time along with</p> <p>14 the overall total examination. And the two that we</p> <p>15 had done, one was his feet and then of course the</p> <p>16 primary one was his ears because again he was very</p> <p>17 irritated in his ears.</p> <p>18 Q So tell me, when you say they were doing</p> <p>19 these procedures on him, where were you and where --</p> <p>20 A We were all in the same room, me, Iris,</p> <p>21 the doctor prior to her bringing out an assistant</p> <p>22 before the incident actually happened, and she was,</p> <p>23 you know, doing his feet and checking him overall</p> <p>24 and she hadn't had done his ears yet if I can</p>	<p style="text-align: right;">Page 24</p> <p>1 me to be on his body, hold his middle, and at the</p> <p>2 time before that, prior to all that instructed, she</p> <p>3 called out the assistant to help assist and hold his</p> <p>4 backside or his middle side as well so she could</p> <p>5 check his ears.</p> <p>6 Q Now had his ears ever been checked at a</p> <p>7 vet before?</p> <p>8 A Yes.</p> <p>9 Q And was the procedure of trying to hold</p> <p>10 him down the same procedure that was done at other</p> <p>11 vets?</p> <p>12 A No.</p> <p>13 Q How was it different, tell me?</p> <p>14 A The doctor would pretty much do it himself</p> <p>15 or as much as he could.</p> <p>16 Q Did you ever assist with holding down Odin</p> <p>17 with other vets?</p> <p>18 A No.</p> <p>19 Q So this was your first time doing it?</p> <p>20 A Yes.</p> <p>21 Q All right. So explain to me what happens?</p> <p>22 A I think as she was trying to check his</p> <p>23 ears, he started bucking, of course, and not</p> <p>24 allowing that. And like I said, prior to them</p>

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1 checking his ears, the floor was already with his
2 slobber and the bleeding from his toenails and the
3 sulphur that they put on the dog's feet when they do
4 bleed was already on the floor. And the floor was,
5 I think it was a symmetric tile like you would see
6 in a bathroom or restaurant but more bulky, thicker.
7 So at the time, like I said, I was
8 instructed to hold his middle or straddle him so she
9 could kind of get in his ear and he started bucking
10 and the next thing I know I lost my balance and I
11 was falling. And the assistant that was out there
12 also fell on the floor.
13 Q Okay. So let's back up.
14 As the vet is trying to look into
15 his ears, you're holding the middle back of Odin; is
16 that correct?
17 A Yes.
18 Q And the assistant is behind you?
19 A She's kind of like on the side of me, yes.
20 Q And then Odin is on the ground; is that
21 correct?
22 A Yes.
23 Q And you're bending over holding him, or
24 not really bending over, he's so big; right?

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1 A Correct.
2 Q And as he starts to buck, you fell
3 backwards or forward?
4 A Yes, backwards.
5 Q Was it the bucking that made you fall
6 backwards? Was it your slipping? What was it?
7 A Him bucking and everything. And also not
8 a whole lot of room in that room. And with the
9 other assistant trying to get in where she could fit
10 in as well. And I think through all of that, like I
11 said, with some of the debris that was on the floor
12 already, we just slipped and there I was going.
13 Q And do you remember, did your feet slip or
14 did you fall back?
15 A Fall back kind of. But I would imagine my
16 feet were slipping along there.
17 Q But it was the bucking that caused you to
18 fall; correct?
19 A Yes. Along with it.
20 MR. DATNER: I'm going to object to
21 that question because I think that's a
22 mischaracterization of his answer. It was
23 one of the factors.
24 MR. PERRY: Okay.

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1 MR. DATNER: To the form of the
2 question.
3 MR. PERRY: Yes.
4 BY MR. PERRY:
5 Q As you fell backwards, tell me what
6 happened next? Did you fall on your back? Did you
7 fall on your butt? What happened?
8 A That's the way it seemed to me because
9 everything happened so fast but it felt like I fell
10 on the upper part of my back and, of course, my head
11 was going back as well. And all I can remember was
12 hitting that top part of my back (indicating) and,
13 you know, the doctor kept asking me are you all
14 right. Of course I jumped up because you jump up,
15 yeah, I'm fine.
16 And I was trying to help the young
17 lady that had fell as well on the floor. I was
18 trying to help her up. I think she was embarrassed
19 that she had fallen or whatever.
20 Didn't think nothing of the fall,
21 you know. Just kind of got up and said, yeah, I'm
22 fine and that was pretty much it.
23 The examination was concluded at
24 that time, I think.

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1 Than I walked Odin out front and
2 that was that.
3 Q Were you in any pain at the time?
4 A Not that I would say. I mean, I don't
5 know whether it was because I was running on
6 adrenaline or whatever. Just got up, everything's
7 fine, let's get out of here kind of thing. But no,
8 I didn't feel any sharp pain or anything.
9 Q Did Iris say anything to you at the time
10 when you were in the room after you fell?
11 A If she did, she probably looked at me
12 like, are you all right, you know. But I don't
13 recall. I don't remember.
14 Q Okay. You said the examination was
15 finished and you walked Odin out; is that correct?
16 A Uh-huh.
17 Q Did you need any assistance walking Odin
18 out or were you able to do it on your own?
19 A I was able to do it on my own.
20 Q And I just want to ask you this question.
21 I don't think I asked you this. Were you using a
22 cane at the time?
23 A Yes.
24 Q You were?

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1 A Yes.

2 Q If we go back a little bit to when you

3 were holding or trying to stabilize, I think is a

4 better word, Odin during his examination, were you

5 using a cane to try and stabilize yourself or did

6 you put the can on the side?

7 A Put the cane on the side.

8 Q And at the time you were using the cane to

9 walk; is that right?

10 A Yeah. I think I was suffering from a gout

11 prior to that.

12 Q Okay.

13 A So my feet were a little sore from that.

14 when you have a gout attack, like I said, it attacks

15 the joints and there is a lot of pain that comes

16 from that but it doesn't change my balance or

17 anything like that.

18 Q It's just a severe pain?

19 A Yes.

20 Q How long does that last usually?

21 A It depends. I guess about maybe two to

22 three days. I do take medication for that.

23 Q And what do you take for that?

24 A I don't remember it. I don't remember

Page 30

1 what I take. I don't remember.

2 Q Prior to you helping to stabilize Odin,

3 did you say to the vet or to the assistant, you

4 know, I really shouldn't be doing this because I got

5 gout, I got a cane, I shouldn't be trying to

6 stabilize him?

7 A No.

8 Q Did you think at the time that maybe you

9 shouldn't be doing it because of your condition?

10 A No.

11 Q Had you been able to stabilize him at home

12 on previous occasions or anything like that?

13 A Never had to. Once I open my mouth,

14 that's pretty much it for him. He doesn't test me.

15 Q Pretty much trained?

16 A Yeah. He doesn't test me.

17 Q Did you try and open your mouth to stop

18 him from bucking at the hospital or was it

19 happening --

20 A No, because I kind of assumed that with

21 her digging in his ear and plus, like I said, prior

22 to that I think she had did his toenails, so he was

23 already pretty much irritated. So I kind of, please

24 don't go that route until she get done what she's

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1 going to get done.

2 Q Was he bucking at all before you tried to

3 stabilize him? Was he upset, you know, sort of?

4 A During?

5 Q During the examination.

6 A With his toes, yeah, he was getting

7 irritated at the time with his toes. But of course

8 he had calmed down prior to her going on to the next

9 thing or she probably would have never did it.

10 Q So Banfield Hospital has an incident

11 report, which I'll give you a copy. I just want to

12 read from it. You tell me if it's accurate.

13 It says, Paola, who is the

14 assistant, remembers the owner holding his hundred

15 and ninety-seven pound dog .

16 Is that pretty accurate, a hundred

17 ninety-seven?

18 A Like I said, at the time it probably was

19 between one eighty and one ninety. But she may be

20 correct. I don't know.

21 Q The owner, meaning you, was in a squatting

22 position.

23 Is that correct, squatting?

24 A I was standing.

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1 Q The dog started jumping up and down and

2 the owner lost his balance and fell backwards

3 against the exam room door.

4 Is that correct?

5 A I remember falling backwards. If there

6 was a door there, and I know it was a door there

7 because I do remember them opening up that

8 particular door and there were two other attendants

9 inside there on the other side of the room, but this

10 was after the fact which I thought to myself that

11 maybe they should have been in the room and not me

12 and Iris.

13 Q And then it says, the associate asked the

14 owner, meaning you, if you were all right and you

15 replied yes.

16 Do you recall that?

17 A Yes.

18 Q All right. So after the incident, and I

19 see there's an incident report here, did you fill

20 out anything for the veterinarian or anything?

21 A No.

22 Q After someone at the vet asked you if you

23 were okay and you said yes, did you ask the vet or

24 anyone at the vet hospital to do any medical care

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<p style="text-align: right;">Page 33</p> <p>1 for you or to get medical care for you?</p> <p>2 A No.</p> <p>3 Q At that time do you think you needed</p> <p>4 medical care?</p> <p>5 A Like I said, I just jumped up, like I'm</p> <p>6 fine, I'm fine, I'm fine and everything.</p> <p>7 Q All right. So where did you go after you</p> <p>8 left the vet?</p> <p>9 A We went home.</p> <p>10 Q How far of a drive is that?</p> <p>11 A About ten minutes.</p> <p>12 Q And when you got home, how did you feel?</p> <p>13 A I don't recall feeling anything. I mean,</p> <p>14 of course, with my size and age, maybe, but I don't</p> <p>15 remember feeling any kind of extreme pain or</p> <p>16 anything like that.</p> <p>17 Q Did you have any pain, neck, back,</p> <p>18 anything?</p> <p>19 A I was a little sore as the day went on.</p> <p>20 Q When is the first time you sought medical</p> <p>21 treatment for this incident?</p> <p>22 A I don't recall specifically. But after</p> <p>23 the incident had happened, which it probably was on</p> <p>24 a weekend, so I continued to go to work. And as I</p>	<p style="text-align: right;">Page 35</p> <p>1 gate where we've to go out on, I felt like my left</p> <p>2 side went paralyzed for a second or two and I just</p> <p>3 remember saying to myself, wow, Lord, are you</p> <p>4 paralyzing me there. But as quick as it came, it</p> <p>5 went away. But the dragging in my foot did not go</p> <p>6 away. So I got in the car.</p> <p>7 Q Now were you dragging your foot at this</p> <p>8 time or were you able to lift it and still walk?</p> <p>9 A I'm pretty much dragging it.</p> <p>10 Q Okay.</p> <p>11 A And when I got home, I'm trying to recall</p> <p>12 the day, but I know, Iris, we got to go to the</p> <p>13 emergency room because it's not right.</p> <p>14 Q And so did you go to the emergency room?</p> <p>15 A Yes, I did.</p> <p>16 Q Did you go to Einstein?</p> <p>17 A Yes.</p> <p>18 Q And tell me what happened when you were in</p> <p>19 Einstein?</p> <p>20 A I told them how I felt, just like I'm</p> <p>21 telling you, and they evaluated the situation. I</p> <p>22 wasn't in I guess the emergency room where they take</p> <p>23 you, where they bring you at to examine you, I</p> <p>24 wasn't in there long before the doctor came back,</p>
<p style="text-align: right;">Page 34</p> <p>1 was going to work, I'm trying to recall the days in</p> <p>2 between that and going to the hospital, but as I was</p> <p>3 going to work, I noticed that my leg wouldn't work</p> <p>4 the way it usually works.</p> <p>5 Q And what do you mean by that?</p> <p>6 A In the way of walking, my job site is a</p> <p>7 little bit ways from the parking lot, so as I would</p> <p>8 walk to my job site or leave the job site walking</p> <p>9 back to the parking lot, I noticed my leg was</p> <p>10 getting really fatigued on the left side of my leg,</p> <p>11 my left leg rather, and I don't know if it was one</p> <p>12 day or two days or three days, but like I said, I</p> <p>13 kept going to work it seemed like each day would be</p> <p>14 more and more of a struggle to get my leg to move.</p> <p>15 Q The left leg?</p> <p>16 A The left leg? And again, I'm not sure,</p> <p>17 but I think it was like the third day after the</p> <p>18 incident, that particular day walking from my job to</p> <p>19 the parking lot, I couldn't pick my foot up. And I</p> <p>20 mean I literally could not pick my foot up. As much</p> <p>21 as I was telling my mind, pick this left foot up, I</p> <p>22 couldn't pick it up. All I could do was slide it.</p> <p>23 At that time as I got to the gate,</p> <p>24 because it's a key gate, kind of like a stall type</p>	<p style="text-align: right;">Page 36</p> <p>1 and this is after they took x-rays, after the</p> <p>2 evaluation they took x-rays, and that's when she</p> <p>3 told me you got to have an operation. And I'm like,</p> <p>4 what are you talking about, I just came here for my</p> <p>5 leg; what are you talking about. And she was like</p> <p>6 we took x-rays and we found that you broke your</p> <p>7 neck. And I was astounded because that was the</p> <p>8 last thing on my mind, you know, just fix my leg.</p> <p>9 And at that time that's what they wanted to do. And</p> <p>10 I mean right away.</p> <p>11 Q So did they tell you you fractured your</p> <p>12 neck or tell you you had some other condition?</p> <p>13 A Told me that I fractured my neck and she</p> <p>14 said a couple of other things. And this time I'm</p> <p>15 just looking at Iris and I don't know what's going</p> <p>16 on. And they wanted to operate right away. And I</p> <p>17 was like, no, what are you talking about. Like I</p> <p>18 said, I was looking at her as I always do for</p> <p>19 clarification, you know, and she got it. I didn't</p> <p>20 really get it. But that's what had to be done.</p> <p>21 And I think within the next two or</p> <p>22 three days prior to them evaluating me, because I</p> <p>23 didn't want to get a consent right then and there,</p> <p>24 they did the operation.</p>

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1 Q And what type of operation did they do, do
2 you recall? Did they tell you?
3 A I know it was they put some metal pieces
4 in there.
5 Q Into your neck; right?
6 A Yes.
7 Q How long were you in the hospital?
8 A God, I don't know. I don't recall. I
9 want to say two weeks and then rehab. And rehab
10 was a long time.
11 Q You were at Magee Rehab; is that right?
12 A Elkins Park.
13 Q Elkins Park Rehab?
14 A Yes.
15 Q After the rehab, how did you feel?
16 A Lousy.
17 Q Tell me about it. Did you have any
18 improvement in your neck at all?
19 A My neck was in a --
20 Q Collar?
21 A -- collar. So it really wasn't a whole
22 lot of movement in that.
23 Q Were you in a wheelchair at the time?
24 A Yes.

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1 Q How long were you in a wheelchair?
2 A I think it was two weeks, one or two
3 weeks.
4 Q And after you were in the wheelchair, did
5 they put you in a walker?
6 A Yes.
7 Q And how long were you in a walker?
8 A I think it was a week. But they sent me
9 home with a walker.
10 Q You were in the walker for about a week?
11 A There, at the rehab.
12 Q Okay. And then you went home with the
13 walker?
14 A Yes.
15 Q How long were you using the walker at
16 home?
17 A I want to say months.
18 Q Three months? Five months? You can give
19 me an estimate.
20 A I would say about maybe two to three
21 months until I got to the cane after the walker.
22 Q And the cane was what you were using
23 before the incident?
24 A Yes.

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1 Q Okay. All right.
2 What type of rehab did you continue
3 with after you finished that two weeks of rehab at
4 Elkins Park?
5 A Then it was outpatient rehab.
6 Q Where at?
7 A At Moss Rehab in Norristown.
8 Q How often would you go to that?
9 A Three times a week.
10 Q How would you get to and from that?
11 A Either I would drive, because it was only
12 like maybe six blocks from the house. So it was
13 right in the area.
14 Q So you were able to drive back and forth
15 to the rehab?
16 A Not supposed to.
17 Q When were you allowed to drive? Let's put
18 it that way.
19 A I'm going to say maybe, because they
20 didn't clear me until, I'm going to say six months
21 after.
22 Q So around August or September of the same
23 year?
24 A Not quite sure what year. Somewhere.

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1 Q That's an estimate?
2 A Yeah.
3 Q How long before you got back of doing
4 your, not work, because you said you never went
5 back?
6 A Never. Tried to go back. But after I was
7 cleared, I tried to go back.
8 Q Okay. Let's go over that.
9 When were you cleared to go back to
10 work, how long after the incident?
11 A I don't think I was ever cleared. All I
12 know is I was struggling to go back. I was only
13 getting seventy percent of my salary at the time I
14 was out on disability. I had short-term disability.
15 So me and Iris was struggling. And I've always
16 worked, worked all my life. Never took off even if
17 I was sick trying to maintain. My father was a
18 great provider, so that's what was instilled in me.
19 So I don't think I was ever really clear cleared.
20 But I attempted to go back to work. Which any time
21 we're out, especially short term over a week, we
22 have to see the company nurse prior to going back.
23 And I went to see her and, of course, she's talking
24 with the doctors and also the company that handles

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<p style="text-align: right;">Page 41</p> <p>1 our short-term disability people, the Reed Group, 2 their doctors get involved and they're the ones that 3 say yeah and nay as far as you getting paid for 4 disability. 5 Q Who was the nurse at your job? 6 A Laurie. I don't remember her last name. 7 First name is Laurie. 8 Q So you would have to see Laurie? 9 A Yes. 10 Q And she would examine you? 11 A Yes. 12 Q And then she would tell you whether or not 13 you could come back to work? 14 A Yes. 15 Q Did Laurie ever clear you to come back to 16 work? 17 A No. 18 Q Did any of your physicians ever clear you 19 to come back to work? 20 A The surgeon that did the operation, he 21 never cleared me. 22 Q So the surgeon who did the operation never 23 cleared you? 24 A No.</p>	<p style="text-align: right;">Page 43</p> <p>1 up a flight of stairs within the plant. And all of 2 those stairs are like you would find in a firehouse 3 where they do the training at. 4 Q Right. 5 A So she watched me do that. She watched me 6 walk a little ways. She checked the curvature in my 7 neck after the operation and she checked my eyesight 8 and all of that, looked at my medication chart. And 9 that was pretty much it. 10 Q But you tried to go back to work and you 11 couldn't do it? 12 A No. She wouldn't. They deemed me as a 13 fall risk. 14 Q Now when you say she checked the curvature 15 in your neck. Did it change? 16 A What you mean, from when she checked it or 17 after the operation? 18 Q After the operation. 19 A Yeah, it did change. 20 Q Tell me about the curvature in your neck, 21 how it changed? 22 A Just I lost the -- 23 Q Do you want to turn around so we can get 24 it maybe on video?</p>
<p style="text-align: right;">Page 42</p> <p>1 Q Who were you following after the surgery? 2 Who was following you, what doctor? 3 A Either my primary doctor, Doctor Andrew 4 Grayer. 5 Q Did Doctor Gray ever tell you to go back 6 to work? 7 A I don't recall. But I'm thinking that he 8 may have but I'm not sure. 9 Q At some point you think he may have told 10 you, you're not sure, but he may have? 11 A Right. 12 Q Is that when you tried to go back to work? 13 A Yeah. And this is like maybe six or seven 14 months after that. 15 Q So six or seven months after the February 16 incident of 2017 you may have been cleared by Doctor 17 Gray, you're not sure? 18 A Right. 19 Q And that's when you may have made that 20 move to try and go back to work; is that right? 21 A Yes. 22 Q So tell me what happened when you tried to 23 go back to work? 24 A When I went back, she had me try to walk</p>	<p style="text-align: right;">Page 44</p> <p>1 MR. DATNER: Can you fold your 2 collar down so they can see the scar. 3 MR. PERRY: Are you able to focus 4 in on the scar? 5 MR. DATNER: Let me help you out. 6 MR. PERRY: If you turn around 7 maybe we can get that on video. 8 MR. DATNER: Can you swing all the 9 way around. 10 BY MR. PERRY: 11 Q That's good. Thank you, sir. 12 And that's the scar from the 13 surgery; right? 14 A Yes. 15 Q I just want to back up because this is 16 interesting. 17 Before you had the surgery and 18 after the accident, you were having problems with 19 your left leg and some weakness; is that correct? 20 A Yes. 21 Q Okay. You go to the emergency room for 22 this weakness, they do an examination and they tell 23 you, according to you, that you fractured your neck; 24 correct?</p>

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<p style="text-align: right;">Page 45</p> <p>1 A Yes.</p> <p>2 Q Had you been having any problems with your</p> <p>3 neck after the incident, like turning, any range of</p> <p>4 motion problems, anything like that?</p> <p>5 A I'm sure I did. I just don't recall that</p> <p>6 specifically. Because of my age and my size and</p> <p>7 all, it's always aches and pains and the type of</p> <p>8 work that I've done for the past twenty-four years,</p> <p>9 steel work.</p> <p>10 Q Let me put it this way: You didn't notice</p> <p>11 anything out of the ordinary with your neck after</p> <p>12 the incident and before --</p> <p>13 A It was sore because I hit the back. It</p> <p>14 was sore. I didn't coordinate it.</p> <p>15 Q Prior to this incident of February 2017,</p> <p>16 had you ever had any problems with your neck, any</p> <p>17 range of motion, anything?</p> <p>18 A Oh, no.</p> <p>19 Q After the surgery to your neck, did you</p> <p>20 have any problems with your range of motion?</p> <p>21 A Yes.</p> <p>22 Q Side to side or up and down or both?</p> <p>23 A Both.</p> <p>24 Q Are you still having problems with that?</p>	<p style="text-align: right;">Page 47</p> <p>1 that you could do before the accident?</p> <p>2 A I could run a lot further. I could walk a</p> <p>3 lot further.</p> <p>4 Q Did you use to run before the incident?</p> <p>5 A Not in the sense of what you think but I</p> <p>6 mean I could pick my feet up and put them down.</p> <p>7 Q Do you have trouble doing that now?</p> <p>8 A I think I regained some of my mobilities</p> <p>9 since the incident. I can pick my feet up now. But</p> <p>10 like I say, every now and then my leg just give out</p> <p>11 and I still go through the fatigue. But I had a lot</p> <p>12 more energy prior to all of this.</p> <p>13 Q The leg giving out, how often does that</p> <p>14 happen?</p> <p>15 A I don't know. I want to say every now and</p> <p>16 again, depending on what I'm attempted to do, if I'm</p> <p>17 doing anything or going up and down the steps a lot,</p> <p>18 things of that nature, or if I walked maybe too</p> <p>19 much, it will give out.</p> <p>20 I can't really sit for a long</p> <p>21 period of time without things getting a little</p> <p>22 rickety. So my getting up and getting to move again</p> <p>23 and sometimes I'll move too fast and it will jump</p> <p>24 out and it will give out.</p>
<p style="text-align: right;">Page 46</p> <p>1 A Not as much.</p> <p>2 Q So your range of motion is back to normal?</p> <p>3 A Yes.</p> <p>4 Q How about your left leg weakness, has that</p> <p>5 improved?</p> <p>6 A To the point where I could pick it up now</p> <p>7 but the fatigue still happens. My turning around,</p> <p>8 it's still compromised. Sometimes if I turn too</p> <p>9 quick, I'll tip, you know, like I want to fall. My</p> <p>10 leg still gives out every once in a while.</p> <p>11 Q The left leg?</p> <p>12 A The left leg.</p> <p>13 Q Did you ever have problems with your left</p> <p>14 leg giving out before the incident?</p> <p>15 A No.</p> <p>16 Q Who are you treating with now for your</p> <p>17 neck and your left-sided weakness?</p> <p>18 A Just my family doctor is all I see now.</p> <p>19 Q Doctor Gray?</p> <p>20 A Doctor Grayer, for everything.</p> <p>21 Q Have you been back to see the surgeon at</p> <p>22 all recently?</p> <p>23 A No.</p> <p>24 Q What type of activities can you not do now</p>	<p style="text-align: right;">Page 48</p> <p>1 Q Now are you still on Oxycodone?</p> <p>2 A No.</p> <p>3 Q Have you had a prior heart attack?</p> <p>4 A Yes.</p> <p>5 Q When was that?</p> <p>6 A Maybe eight years ago.</p> <p>7 Q Were you hospitalized for that?</p> <p>8 A Yes.</p> <p>9 Q How long were you hospitalized for?</p> <p>10 A I don't recall. But I don't think it was</p> <p>11 long. They did an angioplasty. So I probably was</p> <p>12 only in the hospital for about maybe a week.</p> <p>13 Q Have you had any further problems with</p> <p>14 your heart since then?</p> <p>15 A Not to be hospitalized. I was on</p> <p>16 nitroglycerine prior to that after the operation for</p> <p>17 a while.</p> <p>18 Q How often would you take the</p> <p>19 nitroglycerine?</p> <p>20 A I think I took it maybe -- I think I had</p> <p>21 an episode like maybe two months, three months prior</p> <p>22 to that at that time and I haven't taken it since.</p> <p>23 Q Two or three months after the heart issue?</p> <p>24 A Yes.</p>

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<p style="text-align: right;">Page 49</p> <p>1 Q And you haven't taken it since?</p> <p>2 A No.</p> <p>3 Q Have you been back in the hospital for any</p> <p>4 type of heart problems since this incident?</p> <p>5 A No.</p> <p>6 Q All right. You said running was an issue;</p> <p>7 you can't walk as long as you used to.</p> <p>8 What other things can't you do that</p> <p>9 you could do before this incident?</p> <p>10 A Like I said, a lot of it is balance. I</p> <p>11 mean, I can't turn like I used to without losing my</p> <p>12 balance. I can't sit up long. I can't lay down too</p> <p>13 long other than, you know, just a regular for</p> <p>14 sleeping type of thing.</p> <p>15 I mean, I can go up the steps to go</p> <p>16 to the bathroom. But most of the time I'm</p> <p>17 downstairs. I haven't left the couch since this</p> <p>18 incident. I haven't been upstairs since.</p> <p>19 Q That's what I wanted to revisit because we</p> <p>20 talked a little about that in the beginning, the</p> <p>21 structure of your house.</p> <p>22 Since the incident in February of</p> <p>23 2017, were you able to walk -- First of all, what's</p> <p>24 on the second floor, is it the bedrooms?</p>	<p style="text-align: right;">Page 51</p> <p>1 Q Would you say that your left leg weakness</p> <p>2 has improved since the surgery?</p> <p>3 A I think so.</p> <p>4 MR. PERRY: Medical bills, any kind</p> <p>5 of lien do you know?</p> <p>6 MR. DATNER: You want to ask him</p> <p>7 about health insurance and Medicare?</p> <p>8 MR. PERRY: Yeah.</p> <p>9 BY MR. PERRY:</p> <p>10 Q I'm assuming you had health insurance with</p> <p>11 your job?</p> <p>12 A Yeah.</p> <p>13 Q What type of health insurance was it?</p> <p>14 A Blue Cross Blue Shield.</p> <p>15 Q And did they cover all of your medical</p> <p>16 bills?</p> <p>17 A I think so. Yes.</p> <p>18 Q Is there anything you had to pay out of</p> <p>19 pocket beside your co-pay?</p> <p>20 A No.</p> <p>21 Q Are you on Medicare?</p> <p>22 A Now I am. Just started September the</p> <p>23 20th.</p> <p>24 MR. PERRY: So the lien would be</p>
<p style="text-align: right;">Page 50</p> <p>1 A The bedrooms and the bathroom.</p> <p>2 Q Okay. Were you able to walk up to the</p> <p>3 bedroom or the bathroom?</p> <p>4 A No.</p> <p>5 Q So how do you go to the bathroom?</p> <p>6 A I use the urinal for the most part. When</p> <p>7 I do the other thing -- For now, like I said, I can</p> <p>8 --</p> <p>9 Q You can walk up?</p> <p>10 A -- struggle to get up there now.</p> <p>11 Q How about right after the incident, how</p> <p>12 would you?</p> <p>13 A Pretty much struggle to get up there.</p> <p>14 Q Where would you sleep at night?</p> <p>15 A On the couch.</p> <p>16 Q Are you still sleeping on the couch?</p> <p>17 A Yes.</p> <p>18 Q Now after you had your fusion to your</p> <p>19 neck, did anyone tell you needed any additional</p> <p>20 surgery?</p> <p>21 A No.</p> <p>22 Q Are you scheduled for any additional</p> <p>23 surgery?</p> <p>24 A No.</p>	<p style="text-align: right;">Page 52</p> <p>1 mostly Blue Cross.</p> <p>2 MR. DATNER: I don't know if we</p> <p>3 requested --</p> <p>4 MR. PERRY: There's no Medicare</p> <p>5 lien.</p> <p>6 MR. DATNER: There is no Medicare</p> <p>7 line.</p> <p>8 BY MR. PERRY:</p> <p>9 Q You just went on Medicare this year?</p> <p>10 A Yes.</p> <p>11 Q And did you go on Medicare or Medicaid?</p> <p>12 A Which is it? I think it's Medicaid.</p> <p>13 MR. DATNER: Do you have a card?</p> <p>14 THE WITNESS: Yes.</p> <p>15 MR. PERRY: Take your time.</p> <p>16 BY MR. PERRY:</p> <p>17 Q While she's getting the card.</p> <p>18 Tell me how the injuries affect</p> <p>19 you on a daily basis.</p> <p>20 You talked about how it's hard to</p> <p>21 get upstairs to go to the bathroom, you talked about</p> <p>22 how you're sleeping on the couch, you talked about</p> <p>23 how it's harder to walk.</p> <p>24 Is there anything else?</p>

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1 A You know, I mean, personal stuff, like
2 intimacy, things like that, we find other ways than
3 what's traditional.
4 Q All right. So the intimacy is obviously
5 affected.
6 Anything else?
7 A Not that I can think of.
8 Q Are you currently on any type of
9 medication for your neck or your lower weakness in
10 your leg?
11 A Most of my medications now is the diabetes
12 and the blood pressure. I take blood pressure
13 medication, blood thinner.
14 Q Was the diabetes affecting your daily
15 activities before the incident?
16 A No.
17 Q Except for the cane. The cane was for the
18 gout?
19 A Yeah. No, I could pretty much suffer
20 through that, the tingling and all that type stuff.
21 My walking was compromised when I
22 fell. I never -- My mobility was. Like I said, I
23 was astounded, it shocked me, because I just never
24 thought. Like I said, I worked all my life and I'm

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1 getting to that point of retirement and I never
2 thought that would happen to me.
3 Q Let me just get this. The name of your
4 job again, can you spell that for us?
5 A Arcelor, A-R-C-E-L-O-R, Mittal,
6 M-I-T-T-A-L.
7 Q Where are they located?
8 A Conshohocken Road, Conshohocken, PA.
9 Medicare.
10 Q You mind if I write this down?
11 A Here is the Blue Cross Blue Shield.
12 (Handed to Mr. Perry)
13 MR. PERRY: Let me hand it back to
14 you so I don't lose it. Thank you, sir.
15 All right. I think that's all I
16 have.
17 But you're going to give me some
18 information about the W-2's and the lost
19 wages?
20 MR. DATNER: Yeah, I'm going to
21 give you that and the tax returns.
22 I think we have the right answers
23 that are done and I'll shoot them over to
24 you and have some discovery requests

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1 coming out too.
2 MR. PERRY: All right. Good.
3 THE VIDEOGRAPHER: We're going off
4 the record.
5 This completes the videotape
6 deposition.
7 The time is 11:56.
8
9 (The deposition concluded at 11:56
10 a.m.)
11
12 THE REPORTER: Mr. Datner, do you
13 get a copy of the deposition?
14 MR. DATNER: Yes.
15
16
17
18
19
20
21
22
23
24

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C E R T I F I C A T I O N

I HEREBY CERTIFY that the foregoing
is a true and correct transcript of the proceedings
held in this matter, as transcribed from the steno-
graphic notes taken by me on October 8th, 2019.

Jacob Pensak

JAY PENSAC
Registered Professional Reporter

(This certification does not apply
to any reproduction of this transcript, unless under
the direct supervision of the certifying reporter.)

- - -

EXHIBIT “D”

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573
Patient: POTTS, CORNELIUS D
Admission Date: 3/22/2017

FIN: 35053047
Sex/DOB: Male 10/29/1956
Discharge Date: 3/24/2017

Discharge

Document Name: Transition of Care: Provider
Performed By: Yaeger PA-C, Sean Christopher (3/24/2017 08:15 EDT)
Signed By: ISAIA FNP, ANP, MS/MS, DIANA J (3/24/2017 13:05 EDT); Yaeger PA-C, Sean Christopher (3/24/2017 08:15 EDT)
Authenticated By: ISAIA FNP, ANP, MS/MS, DIANA J (3/24/2017 13:05 EDT); Yaeger PA-C, Sean Christopher (3/24/2017 08:15 EDT)
Status: Modified
Date of Service: 3/24/2017 08:15 EDT
Subject: Transition of Care: Provider

Transition of Care: Provider Entered On: 3/24/2017 8:16 EDT
Performed On: 3/24/2017 8:15 EDT by Yaeger PA-C, Sean Christopher

Patient Discharge Instructions

Other Discharge Instructions: DIABETES CARE: Your sugars will be in flux as you adjust from hospital to home life. It can rise from increased carbohydrate intake, more sedentary activity, illness, stress, steroids, and weight gain. (Now that you are on steroids, you are requiring more medication so we are going to restart the toujeo.) Your sugar can lower with increased activity, less carbohydrate intake, weight loss. If we can control your sugars better we can decrease the damage to your nerves and blood vessels, may be able to decrease the pain from neuropathy, and can prevent further nerve damage and blood vessel damage from occurring.

The only way to control diabetes is to know what the sugars are. The only way to know what they are is to check them. Use the sides of your finger pads for lower pain (the nerve endings are more on the finger pads, for the sense of touch). Check your sugars before meals, at bedtime, and as needed if symptoms develop. Call Lisa Hamaker MD or Diana Isaia NP for sugars less than 100 or more than 200 for medication adjustment.

SUGAR IS BLOCKAGE. There is no set dose of medication for diabetes. Your blood sugar requirements can change over time. As you get older, your pancreas ages too. You are welcome to call Diana Isaia NP at 610.941.6799 should you have any questions regarding your sugars.

ISAIA FNP, ANP, MS/MS, DIANA J - 3/24/2017 13:05 EDT

Assessment and Plan: pt presented with altered gait and LE weakness. Found to have significant cervical myelopathy. Neuro and neurosurgery evaluated and plans for OR next week. Cardio and endocrine consulted to assist with preop, clear for surgery. Pt requested to be discharged to home. Will continue decadron taper and f/u with neurosurgery for operative planning

Does patient have a diagnosis of Heart Failure on this visit? : No

Prescriptions: Provided to patient/caregiver

Patient Interest in Einstein Pharmacy Utilization at Discharge: No

Diet Instructions: Carbohydrate controlled, Low fat/Low cholesterol

Physical Activity Instructions: No driving, No exercise until after further contact with the physician

Yaeger PA-C, Sean Christopher - 3/24/2017 8:15 EDT

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573
Patient: POTTS, CORNELIUS D
Admission Date: 3/22/2017

FIN: 35053047
Sex/DOB: Male 10/29/1956
Discharge Date: 3/24/2017

Discharge

Document Name: Transition of Care: Nursing
Performed By: Patel BSCN/BSN, Sheetal (3/24/2017 16:01 EDT)
Signed By: Patel BSCN/BSN, Sheetal (3/24/2017 16:01 EDT)
Authenticated By: Patel BSCN/BSN, Sheetal (3/24/2017 16:01 EDT)
Status: Auth (Verified)
Date of Service: 3/24/2017 16:01 EDT
Subject: Transition of Care: Nursing

Transition of Care: Nursing Entered On: 3/24/2017 16:02 EDT
Performed On: 3/24/2017 16:01 EDT by Patel BSN,RN, Sheetal

Transition of Care:Nursing

Isolation : No
Patient At Risk For : Fall
Level of Consciousness/Mental Status/Behavior : Alert
Orientation : Oriented x 3
Communication Limitations : Speaks, Understands
Physical Impairment : Other: weakness
Mobility : Transfer assistance

Patel BSN,RN, Sheetal - 3/24/2017 16:01 EDT

Feeding Tube ADL Transfer

Meals : ADL - Moderate assistance
Dressing : ADL - Moderate assistance
Bathing : Maximum assistance
Transfer : Maximum assistance

Patel BSN,RN, Sheetal - 3/24/2017 16:01 EDT

Bladder Management : Continent
Bowel Management : Continent
Skin Condition : No problem
IV Lines/Site/Care : D/C Iv with dry gauze dressing
Oxygen Therapy : Room air
Transfer to : Home

Patel BSN,RN, Sheetal - 3/24/2017 16:01 EDT

Document Name: Transition of Care: Care Management
Performed By: Bouknight BSCN/BSN,CCM,Kelly (3/24/2017 16:02 EDT)
Signed By: Bouknight BSCN/BSN,CCM,Kelly (3/24/2017 16:02 EDT)
Authenticated By: Bouknight BSCN/BSN,CCM,Kelly (3/24/2017 16:02 EDT)
Status: Auth (Verified)
Date of Service: 3/24/2017 16:02 EDT
Subject: Transition of Care: Care Management

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573

Patient: POTTS, CORNELIUS D

Admission Date: 3/22/2017

FIN:

35053047

Sex/DOB: Male

10/29/1956

Discharge Date: 3/24/2017

Discharge

Transition of Care: Care Management Entered On: 3/24/2017 16:03 EDT
Performed On: 3/24/2017 16:02 EDT by Bouknight, Kelly

Discharge: Care Management*Equipment Ordered:* Rolling walker to bedside*DME Provider/Agency:* Montgomery Medical 610-630-6357

Bouknight, Kelly - 3/24/2017 16:02 EDT

Document Name: Patient Discharge Instructions
Performed By: Sinkoff DO, Michael (3/24/2017 17:41 EDT)
Signed By: Sinkoff DO, Michael (3/24/2017 17:41 EDT); Patel BSCN/BSN, Sheetal (3/24/2017 16:04 EDT);
Patel BSCN/BSN, Sheetal (3/24/2017 16:04 EDT); Patel BSCN/BSN, Sheetal (3/24/2017 16:04 EDT);
Yaeger PA-C, Sean Christopher (3/24/2017 08:19 EDT)
Authenticated By: Sinkoff DO, Michael (3/24/2017 17:41 EDT)
Status: Modified
Date of Service: 3/24/2017 17:41 EDT
Subject: Inpatient Patient Discharge Instructions

Inpatient Patient Discharge Instructions

Einstein Healthcare Network Acute Care Patient Discharge Instructions

Take this form and your medication schedule to all your follow-up appointments with your primary doctor, specialist, and or clinic.

Current Date: 3/24/2017 17:41:40

Name: POTTS, CORNELIUS Date Of Birth:

10/29/1956

Patient Address: 1630 PINE ST NORRISTOWN PA 19401

Patient Phone: (267) 736-7824

MRN: 100937573

FIN:

35053047

Attending Physician: Graf DO, Andrew

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
 559 West Germantown Pike
 East Norriton, PA 19403-

MRN: 100937573

FIN: 35053047

Patient: POTTS, CORNELIUS D

Sex/DOB: Male

10/29/1956

Admission Date: 3/22/2017

Discharge Date: 3/24/2017

Discharge

Discharge Diagnosis: Cervical spinal stenosis; Cervical stenosis of spine

Discharge Date:

Allergies

shellfish (rash) (hives)

ACE inhibitors (coma) (anaphylaxis)

Procedures:

No Immunizations Given

Reason Pneumococcal Vaccine Not Given:

Reason Influenza Vaccine Not Given:

The Einstein Healthcare Network would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness. Take these Discharge Instructions and all of your medication bottles to your follow-up appointments with your primary doctor, specialist and/or clinic. Remember to discard old medication lists and update your records with your doctor and pharmacy.

Cigarette Smoking is the single greatest preventable cause of illness, disability and death in America today. If you smoke, you should quit smoking, or if you have already quit smoking you are encouraged to remain smoke-free. Additional resources to help you stop smoking can be obtained at the PA Department of Health Website: <http://www.dsf.health.state.pa.us/health> or by calling Pennsylvania's Free Quitline at 1-800-QUIT-NOW (1-800-784-8669). Einstein Medical Center Montgomery offers free classes to help you quit smoking, call 484-622-QUIT(7848) for more information. You should also speak with your doctor at your next office visit about additional help, possible treatments and support.

Comments:

POTTS, CORNELIUS has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Appointments

With:
 LISA HAMAKER

Address:
 633 W. Germantown Avenue, Suite 105
 Plymouth Meeting, PA 19462
 4846226400 Business (1)

When:
 6/7/2017 09:00:00

With:

Address:

When:

EINSTEIN HEALTHCARE NETWORK

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Admission Date: 3/22/2017

FIN:

35053047

Sex/DOB: Male

10/29/1956

Discharge Date: 3/24/2017

Discharge

Mandy Binning

Global Neurosciences Institute, 750
Brunswick Avenue, 1 Front North
Trenton, NJ 08638
(844) 464-6387 Business (1)

Within 3 to 5 days

Medications

This is the list of medications that you are to take after you leave the hospital:

If you have questions about these medications or intend to take other medications that you have at home, please discuss this with your physician, before you leave the hospital.

CVS/pharmacy #3011, 1799 DEKALB PIKE BLUE BELL, PA 19422, (610) 239 - 1686

canagliflozin (Invokana 100 mg oral tablet) 1 tab(s), Oral, every day, Refills: 3

sitaGLIPTin (Januvia 100 mg oral tablet) 1 tab(s), Oral, every day, Refills: 3

Prescription sent to:

amLODIPine (amLODIPine 10 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

atorvastatin (Lipitor 80 mg oral tablet) 1 tab(s), Oral, at bedtime, Refills: 0

dexamethasone (dexamethasone 2 mg oral tablet) , See Instructions, 3 tabs oral BID x 2 days, then
2 tabs oral BID x 2 days, then

1 tab oral BID x 2 days, then

1 tab oral daily x 2 days, then STOP, Refills: 0

nitroglycerin (nitroglycerin 0.4 mg sublingual tablet) 1 tab(s), Sublingual, every 5 minutes, As Needed, Chest Pain, Refills: 0

Other Medications

acetaminophen (acetaminophen 325 mg oral tablet) 2 tab(s), Oral, every 6 hours, As Needed, Fever, Refills: 0

allopurinol (allopurinol 100 mg oral tablet) 2 tab(s), Oral, every day, Refills: 0

cholecalciferol (Vitamin D3) 1 tab(s), Oral, every day, Refills: 0

docusate (Colace 100 mg oral capsule) 1 cap(s), Oral, 2 times a day, Refills: 0

famotidine (famotidine 20 mg oral tablet) 1 tab(s), Oral, 2 times a day, Refills: 0

glipiZIDE (GlipiZIDE XL 10 mg oral tablet, extended release) 1 tab(s), Oral, every day, Refills: 0

hydroCHLORothiazide (hydrochlorothiazide 25 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

insulin glargine (Toujeo SoloStar 300 units/mL subcutaneous solution) 10 unit(s), Subcutaneous, lunch, take around 1pm, do not wait til night time. If you prefer a different time, you can change the time each day by 2 hours until you reach the desired time.
rotate injection sites, 30 day(s), Refills: 0

EINSTEIN HEALTHCARE NETWORK

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Male

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Discharge

isosorbide mononitrate (Imdur 60 mg oral tablet, extended release) 1 tab(s), Oral, breakfast, Refills: 0

labetalol (labetalol 200 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

ranolazine (Ranexa 500 mg oral tablet, extended release) 1 tab(s), Oral, 2 times a day, As Needed, as needed, Refills: 0

Additional Medication Instructions:**For Heart Attack Patients:**

Reason Aspirin Not Ordered:

Reason Beta Blocker Not Ordered:

For Heart Failure/Heart Attack Patients:

Reason ACE-I/ARB Not Ordered:

Discharge Instructions

Diet Instructions: Resume pre-hospital diet unless otherwise specified: Carbohydrate controlled, Low fat/Low cholesterol

Physical Activity Instructions: No driving, No exercise until after further contact with the physician

Wound/Drain Care:

Other Discharge Instructions: DIABETES CARE: Your sugars will be in flux as you adjust from hospital to home life. It can rise from increased carbohydrate intake, more sedentary activity, illness, stress, steroids, and weight gain. (Now that you are on steroids, you are requiring more medication so we are going to restart the toujeo.) Your sugar can lower with increased activity, less carbohydrate intake, weight loss. If we can control your sugars better we can decrease the damage to your nerves and blood vessels, may be able to decrease the pain from neuropathy, and can prevent further nerve damage and blood vessel damage from occurring.

The only way to control diabetes is to know what the sugars are. The only way to know what they are is to check them. Use the sides of your finger pads for lower pain (the nerve endings are more on the finger pads, for the sense of touch). Check your sugars before meals, at bedtime, and as needed if symptoms develop. Call Lisa Hamaker MD or Diana Isaia NP for sugars less than 100 or more than 200 for medication adjustment.

SUGAR IS BLOCKAGE. There is no set dose of medication for diabetes. Your blood sugar requirements can change over time. As you get older, your pancreas ages too. You are welcome to call Diana Isaia NP at 610.941.6799 should you have any questions regarding your sugars.

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
 559 West Germantown Pike
 East Norriton, PA 19403-

MRN: 100937573

FIN:

35053047

Patient: POTTS, CORNELIUS D

Sex/DOB:

Male

10/29/1956

Admission Date: 3/22/2017

Discharge Date: 3/24/2017

Discharge

Call your doctor for the following lab and test results:

Tests to be done after discharge:

Patient at risk for: Fall

Code Status:

Home Arrangements:

Home Care Arrangements: ,,

Home Care Services Begin:

Equipment Company Information: Montgomery Medical 610-630-6357

Equipment Ordered: Rolling walker to bedside

Delivery Date:

Additional Information

Call you Primary Care Provider for any of the following:

- Difficult breathing
- Unusual or unrelieved pain
- Increased bleeding, drainage, redness, swelling or foul odor of wound site
- Chills or fever >100°
- If you are a congestive heart failure patient you should weigh yourself daily and call your Doctor if you have a weight gain of 3 lbs. in 2 days.

I, POTTS, CORNELIUS, have received the attached patient education materials/instructions, including instructions on how to access these discharge instructions electronically through MYEinsteinHealth, and have verbalized understanding:

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
 559 West Germantown Pike
 East Norriton, PA 19403-

MRN: 100937573

Patient: POTTS, CORNELIUS D

Admission Date: 3/22/2017

FIN: 35053047

Sex/DOB: Male 10/29/1956

Discharge Date: 3/24/2017

Discharge

 Patient/Authorized Representative/Relationship Date/Time

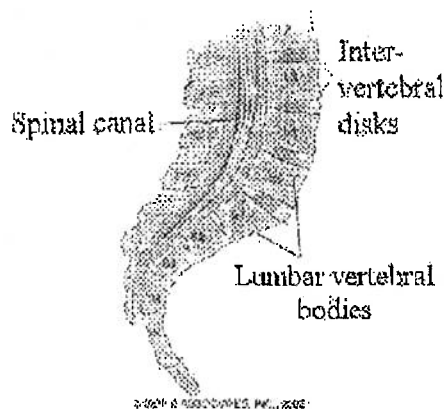
 Discharging Nurse Signature

Date/Time

Patient education materials, if any, will display below

Spinal Stenosis

Spinal stenosis is when the open spaces between the bones of your spine (*vertebrae*) get smaller (*narrow*). It is caused by bone pushing on the open spaces of your spine. This puts pressure on your spine and the nerves in your spine. You may be given medicine to lessen the puffiness (*inflammation*) in your nerves. Other times, surgery is needed.

**HOME CARE**

- Change positions when you sit, stand, and lie. This can help take pressure off your nerves.
- Do exercises as told by your doctor to strengthen the middle part of your body.
- Lose weight if your doctor suggests it. This takes pressure off your spine.
- Take all medicine as told by your doctor.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Printed By: Wilson, Jean

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Chart ID: 167692651

Print Date/Time: 1/9/2020 08:29 EST

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
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Discharge

Document Released: 04/12/2012 Document Revised: 08/20/2014 Document Reviewed: 03/28/2014
 ExitCare® Patient Information ©2014 ExitCare, LLC.

Smoking Cessation

This document explains the best ways for you to quit smoking as well as new treatments to help. It lists new medications that can double or triple your chances of quitting and quitting for good. It also tells about ways to avoid relapses and talks about concerns you may have about quitting, including weight gain.

NICOTINE: A POWERFUL ADDICTION

If you have tried to quit smoking, you know how hard it can be. It is hard because nicotine is a very addictive drug. For some people, it can be as addictive as heroin or cocaine. Quitting is hard. Usually people make 2 or 3 tries, or more, before finally being able to quit. Each time you try to quit, you can learn about what helps and what hurts. Quitting takes hard work and a lot of effort, but you can quit smoking.

QUITTING SMOKING IS ONE OF THE MOST IMPORTANT THINGS YOU WILL EVER DO:

You will live longer and live better.

Quitting will lower your chance of having a heart attack, stroke, or cancer.

If you are pregnant, quitting smoking will improve your chances of having a healthy baby.

The people you live with, especially your children, will be healthier.

You will have extra money to spend on things other than cigarettes.

FIVE KEYS FOR QUITTING

Studies have shown that these five steps will help you quit and quit for good. You have the best chances of quitting if you use them together:

Get ready.

Get support.

Learn new skills and behaviors.

Get medication and use it correctly.

Be prepared for relapse or difficult situations.

1. GET READY

Set a quit date.

Change your environment.

Get rid of ALL cigarettes and ashtrays in your home, car, and place of work.

Do not let people smoke in your home.

Review your past attempts to quit. Think about what worked and what did not.

EINSTEIN HEALTHCARE NETWORK

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Discharge Date: 3/24/2017

Discharge

Once you quit, do not smoke, **NOT EVEN A PUFF!**

2. GET SUPPORT AND ENCOURAGEMENT

Studies have shown that you have a better chance of being successful if you have help. You can get support in many ways:

Tell your family, friends, and coworkers that you are going to quit and need their support. Ask them not to smoke around you.

Talk to your health care provider (for example, doctor, dentist, nurse, pharmacist, psychologist, or smoking counselor).

Get individual, group or telephone counseling. The more counseling you have, the better your chances are of quitting. Programs are available at local hospitals and health centers. Call your local health department for information about programs in your area.

3. LEARN NEW SKILLS AND BEHAVIORS

Try to distract yourself from urges to smoke. Talk to someone, go for a walk, or occupy your time with a task. When you first try to quit, change your routine; use a different route to work. Drink tea instead of coffee. Eat breakfast in a different place.

Do something to reduce your stress. Take a hot bath, exercise or read a book.

Plan something enjoyable to do every day.

Drink a lot of water and other fluids.

4. GET MEDICATION AND USE IT CORRECTLY

Medications can help you stop smoking and lessen the urge to smoke.

The U.S. Food and Drug Administration (FDA) has approved five medications to help you quit smoking:

Bupropion SR - Available by prescription.

Nicotine gum - Available over-the-counter.

Nicotine inhaler - Available by prescription.

Nicotine nasal spray - Available by prescription.

Nicotine patch - Available by prescription and over-the-counter.

Ask your health care provider for advice and carefully read the information on the package.

All of these medications will more or less double your chances of quitting and quitting for good.

Everyone who is trying to quit may benefit from using a medication. If you are pregnant or trying to become pregnant, nursing, under age 18, smoking fewer than 10 cigarettes per day, or have a medical condition, talk to your doctor or other health care provider before taking medications.

5. BE PREPARED FOR RELAPSE OR DIFFICULT SITUATIONS

EINSTEIN HEALTHCARE NETWORK

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Most relapses occur within the first 3 months after quitting. Do not be discouraged if you start smoking again. Remember, most people try several times before they finally quit. Here are some difficult situations to watch for:
Alcohol. Avoid drinking alcohol. Drinking lowers your chances of success.

Other smokers. Being around smoking can make you want to smoke.

Weight gain. Many smokers will gain weight when they quit, usually less than 10 pounds. Eat a healthy diet and stay active. Do not let weight gain distract you from your main goal, quitting smoking. Some quit-smoking medications may help delay weight gain.

Bad mood or depression. There are a lot of ways to improve your mood other than smoking. If you are having problems with any of these situations, talk to your doctor or other health care provider.

SPECIAL SITUATIONS OR CONDITIONS

Studies suggest that everyone can quit smoking. Your situation or condition can give you a special reason to quit.

Pregnant women/new mothers: By quitting, you protect your baby's health and your own.

Hospitalized patients: By quitting, you reduce health problems and help healing.

Heart attack patients: By quitting, you reduce your risk of a second heart attack.

Lung, head, and neck cancer patients: By quitting, you reduce your chance of a second cancer.

Parents of children and adolescents: By quitting, you protect your children and adolescents from illnesses caused by second-hand smoke.

QUESTIONS TO THINK ABOUT

Think about the following questions before you try to stop smoking. You may want to talk about your answers with your health care provider.

1. Why do you want to quit?
2. If you tried to quit in the past, what helped and what did not?
3. What will be the most difficult situations for you after you quit? How will you plan to handle them?
4. Who can help you through the tough times? Your family? Friends? Health care provider?
5. What pleasures do you get from smoking? What ways can you still get pleasure if you quit?

Here are some questions to ask your health care provider.

1. How can you help me to be successful at quitting?

EINSTEIN HEALTHCARE NETWORK

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Discharge

2. What medication do you think would be best for me and how should I take it?
3. What should I do if I need more help?
4. What is smoking withdrawal like? How can I get information on withdrawal?

QUITTING TAKES HARD WORK AND A LOT OF EFFORT, BUT YOU CAN QUIT SMOKING.

Additional Resources

You may want to contact these organizations for further information on smoking and how to quit.

American Heart Association
7272 Greenville Avenue
Dallas, TX 75231
(800) AHA-USA1 (242-8721)

American Lung Association
1740 Broadway, 14th Floor
New York, NY 10019
(212) 315-8700

American Cancer Society
1599 Clifton Road, NE
Atlanta, GA 30329
(404) 320-3333

National Cancer Institute
Bethesda, MD 20892
(800) 4-CANCER (422-6237)

For pregnant women: American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024

FOR MORE INFORMATION

The information was taken from *Treating Tobacco Use and Dependence*, a U.S. Public Health Service-sponsored Clinical Practice Guideline. This guideline was developed by a non-Federal panel of experts sponsored by a consortium consisting of Federal Government and nonprofit organizations:

Agency for Healthcare Research and Quality (AHRQ).

Centers for Disease Control and Prevention (CDC).

National Cancer Institute (NCI).

National Heart, Lung, and Blood Institute (NHLBI).

National Institute on Drug Abuse (NIDA).

Robert Wood Johnson Foundation (RWJF).

University of Wisconsin Medical School's Center for Tobacco Research and Intervention (CTRI).

For information about the guideline or to get more copies of this information, call: 800-358-9295, or write:

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Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907
U.S. Department of Health and Human Services, Public Health Service

Document Released: 12/12/2002 Document Re-Released: 03/16/2010

ExitCare® Patient Information ©2010 ExitCare, LLC.

FREE SMOKING CESSATION CLASSES AT EINSTEIN MEDICAL CENTER MONTGOMERY:

- + This program is open to anyone who desires to become tobacco free.
- + Save \$\$\$. It costs about \$2000/year to smoke 1 pack of cigarettes per day.
- + Lower your health risks for illnesses or death from cancer, emphysema, bronchitis, diabetes, and heart disease.

- + More energy: Less toxins in your blood and better lung function will enable you to be more active.

*******CALL 484-622-QUIT (7848) TO REGISTER**

Prescription leaflets, if any, will display below

acetaminophen (oral)

(a SEET a MIN oh fen)

Actamin, Anacin AF, Apra, Bromo Seltzer, Children's Tylenol, Elixsure Fever/Pain, Little Fevers Children's Fever/Pain Reliever, Mapap, Medi-Tabs, Q-Pap, Silapap Childrens, Tactinal, Tempra Quicklets, Triaminic Fever & Pain, Tycolene, Tylenol, Vitapap

What is the most important information I should know about acetaminophen?

You should not use this medication if you have severe liver disease.

Do not take more of this medication than is recommended. **An overdose of acetaminophen can damage your liver or cause death.** Call your doctor at once if you have nausea, pain in your upper stomach, itching, loss of appetite, dark urine, clay-colored stools, or jaundice (yellowing of your skin or eyes).

In rare cases, acetaminophen may cause a severe skin reaction. **Stop taking this medicine and call your doctor right away if you have skin redness or a rash that spreads and causes blistering and peeling.**

What is acetaminophen?

There are many brands and forms of acetaminophen available. Not all brands are listed on this leaflet.

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573

Patient: POTTS, CORNELIUS D

Admission Date: 3/22/2017

FIN:

35053047

Sex/DOB: Male

10/29/1956

Discharge Date: 3/24/2017

Discharge

Acetaminophen is a pain reliever and a fever reducer.

Acetaminophen is used to treat many conditions such as headache, muscle aches, arthritis, backache, toothaches, colds, and fevers.

Acetaminophen may also be used for purposes not listed in this medication guide.

What should I discuss with my healthcare provider before taking acetaminophen?

You should not take acetaminophen if you are allergic to it, or if you have severe liver disease.

Do not take acetaminophen without a doctor's advice if you have ever had alcoholic liver disease (cirrhosis) or if you drink more than 3 alcoholic beverages per day. You may not be able to take acetaminophen.

Your doctor will determine whether acetaminophen is safe for you to use during pregnancy. **Do not use this medicine without the advice of your doctor if you are pregnant.**

Acetaminophen can pass into breast milk and may harm a nursing baby. Tell your doctor if you are breast-feeding a baby.

Do not give this medicine to a child younger than 2 years old without the advice of a doctor.

How should I take acetaminophen?

Use exactly as directed on the label, or as prescribed by your doctor. Do not use in larger or smaller amounts or for longer than recommended.

Do not take more of this medication than is recommended. **An overdose of acetaminophen can damage your liver or cause death.**

Measure **liquid** medicine with a special dose-measuring spoon or medicine cup, not with a regular table spoon. If you do not have a dose-measuring device, ask your pharmacist for one.

If you are treating a child, use a pediatric form of acetaminophen. Use only the special dose-measuring dropper or oral syringe that comes with the specific pediatric form you are using. Carefully follow the dosing directions on the medicine label.

Acetaminophen made for infants is available in two different dose concentrations, and each concentration comes with its own medicine dropper or oral syringe. These dosing devices are not equal between the different concentrations. Using the wrong device may cause you to give your child an overdose of acetaminophen. **Never mix and match dosing devices between infant formulations of acetaminophen.**

You may need to shake the liquid before each use. Follow the directions on the medicine label.

The **chewable tablet** must be chewed thoroughly before you swallow it.

Make sure your hands are dry when handling the acetaminophen **disintegrating tablet**. Place the tablet on your tongue. It will begin to dissolve right away. Do not swallow the tablet whole. Allow it to dissolve in your mouth without chewing.

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To use the acetaminophen effervescent granules, dissolve one packet of the granules in at least 4 ounces of water. Stir this mixture and drink all of it right away. To make sure you get the entire dose, add a little more water to the same glass, swirl gently and drink right away.

Stop taking acetaminophen and call your doctor if:

- you still have a fever after 3 days of use;
- you still have pain after 7 days of use (or 5 days if treating a child);
- you have a skin rash, ongoing headache, or any redness or swelling; or
- if your symptoms get worse, or if you have any new symptoms.

This medication can cause unusual results with certain lab tests for glucose (sugar) in the urine. Tell any doctor who treats you that you are using acetaminophen.

Store at room temperature away from heat and moisture.

What happens if I miss a dose?

Since acetaminophen is taken as needed, you may not be on a dosing schedule. If you are taking the medication regularly, take the missed dose as soon as you remember. Skip the missed dose if it is almost time for your next scheduled dose. **Do not** take extra medicine to make up the missed dose.

What happens if I overdose?

Seek emergency medical attention or call the Poison Help line at 1-800-222-1222. **An overdose of acetaminophen can be fatal.**

The first signs of an acetaminophen overdose include loss of appetite, nausea, vomiting, stomach pain, sweating, and confusion or weakness. Later symptoms may include pain in your upper stomach, dark urine, and yellowing of your skin or the whites of your eyes.

What should I avoid while taking acetaminophen?

Ask a doctor or pharmacist before using any other cold, allergy, pain, or sleep medication. Acetaminophen (sometimes abbreviated as APAP) is contained in many combination medicines. **Taking certain products together can cause you to get too much acetaminophen which can lead to a fatal overdose.** Check the label to see if a medicine contains acetaminophen or APAP.

Avoid drinking alcohol. It may increase your risk of liver damage while taking acetaminophen.

What are the possible side effects of acetaminophen?

Get emergency medical help if you have **signs of an allergic reaction**: hives; difficulty breathing; swelling of your face, lips, tongue, or throat.

In rare cases, acetaminophen may cause a severe skin reaction that can be fatal. This could occur even if you have taken acetaminophen in the past and had no reaction. **Stop taking this medicine and call your doctor right away if you have skin redness**

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or a rash that spreads and causes blistering and peeling. If you have this type of reaction, you should never again take any medicine that contains acetaminophen.

Stop taking acetaminophen and call your doctor at once if you have:

- nausea, upper stomach pain, itching, loss of appetite;
- dark urine, clay-colored stools; or
- jaundice (yellowing of the skin or eyes).

This is not a complete list of side effects and others may occur. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What other drugs will affect acetaminophen?

Other drugs may interact with acetaminophen, including prescription and over-the-counter medicines, vitamins, and herbal products. Tell each of your health care providers about all medicines you use now and any medicine you start or stop using.

Where can I get more information?

Your pharmacist can provide more information about acetaminophen.

Remember, keep this and all other medicines out of the reach of children, never share your medicines with others, and use this medication only for the indication prescribed.

Every effort has been made to ensure that the information provided by Cerner Multum, Inc. ('Multum') is accurate, up-to-date, and complete, but no guarantee is made to that effect. Drug information contained herein may be time sensitive. Multum information has been compiled for use by healthcare practitioners and consumers in the United States and therefore Multum does not warrant that uses outside of the United States are appropriate, unless specifically indicated otherwise. Multum's drug information does not endorse drugs, diagnose patients or recommend therapy. Multum's drug information is an informational resource designed to assist licensed healthcare practitioners in caring for their patients and/or to serve consumers viewing this service as a supplement to, and not a substitute for, the expertise, skill, knowledge and judgment of healthcare practitioners. The absence of a warning for a given drug or drug combination in no way should be construed to indicate that the drug or drug combination is safe, effective or appropriate for any given patient. Multum does not assume any responsibility for any aspect of healthcare administered with the aid of information Multum provides. The information contained herein is not intended to cover all possible uses, directions, precautions, warnings, drug interactions, allergic reactions, or adverse effects. If you have questions about the drugs you are taking, check with your doctor, nurse or pharmacist.

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dexamethasone (oral)

(dex a METH a sone)

Baycadron, Dexamethasone Intensol, DexPak 10 Day Taperpak, DexPak 13 DayTaperpak, DexPak 6 DayTaperpak

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Sex/DOB: Male 10/29/1956

Admission Date: 3/22/2017

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Discharge**What is the most important information I should know about dexamethasone?**

You should not use this medicine if you have a fungal infection anywhere in your body.

Tell your doctor about all your medical conditions, and all the medicines you are using. **There are many other diseases that can be affected by steroid use, and many other medicines that can interact with steroids.**

What is dexamethasone?

Dexamethasone is a steroid that prevents the release of substances in the body that cause inflammation.

Dexamethasone is used to treat many different conditions such as allergic disorders, skin conditions, ulcerative colitis, arthritis, lupus, psoriasis, or breathing disorders.

Dexamethasone may also be used for purposes not listed in this medication guide.

What should I discuss with my healthcare provider before taking dexamethasone?

You should not use dexamethasone if you are allergic to it, or if you have:

- a fungal infection anywhere in your body.

Steroid medication can weaken your immune system, making it easier for you to get an infection. Steroids can also worsen an infection you already have, or reactivate an infection you recently had. Before taking this medication, tell your doctor about any illness or infection you have had within the past several weeks.

To make sure dexamethasone is safe for you, tell your doctor if you have:

- liver disease (such as cirrhosis);
- kidney disease;
- a thyroid disorder;
- a history of malaria;
- tuberculosis;
- osteoporosis;
- a muscle disorder such as myasthenia gravis;
- glaucoma or cataracts;
- herpes infection of the eyes;
- stomach ulcers, ulcerative colitis, diverticulitis, inflammatory bowel disease;
- depression or mental illness;

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- congestive heart failure; or
- high blood pressure.

Also tell your doctor if you have diabetes. Steroid medicines may increase the glucose (sugar) levels in your blood or urine. You may also need to adjust the dose of your diabetes medications.

It is not known whether this medicine will harm an unborn baby. Tell your doctor if you are pregnant or plan to become pregnant.

Dexamethasone can pass into breast milk and may harm a nursing baby. Tell your doctor if you are breast-feeding a baby.

Steroids can affect growth in children. Tell your doctor if your child is not growing at a normal rate while using this medicine.

How should I take dexamethasone?

Follow all directions on your prescription label. Your doctor may occasionally change your dose to make sure you get the best results. Do not use this medicine in larger or smaller amounts or for longer than recommended.

Your dose needs may change if you have unusual stress such as a serious illness, fever or infection, or if you have surgery or a medical emergency. Tell your doctor about any such situation that affects you.

This medication can cause unusual results with certain medical tests. Tell any doctor who treats you that you are using dexamethasone.

Do not stop using dexamethasone suddenly, or you could have unpleasant withdrawal symptoms. Ask your doctor how to safely stop using this medicine.

Wear a medical alert tag or carry an ID card stating that you take dexamethasone. Any medical care provider who treats you should know that you are using steroid medication.

Store at room temperature away from moisture and heat.

What happens if I miss a dose?

Call your doctor for instructions if you miss a dose of dexamethasone.

What happens if I overdose?

Seek emergency medical attention or call the Poison Help line at 1-800-222-1222.

An overdose of dexamethasone is not expected to produce life threatening symptoms. However, **long term use of high steroid doses** can lead to symptoms such as thinning skin, easy bruising, changes in the shape or location of body fat (especially in your face, neck, back, and waist), increased acne or facial hair, menstrual problems, impotence, or loss of interest in sex.

What should I avoid while taking dexamethasone?

Avoid being near people who are sick or have infections. Call your doctor for preventive treatment if you are exposed to chicken pox or measles. These conditions can be serious or even fatal in people who are using steroid medication.

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Do not receive a 'live' vaccine while using dexamethasone. The vaccine may not work as well during this time, and may not fully protect you from disease. Live vaccines include measles, mumps, rubella (MMR), polio, rotavirus, typhoid, yellow fever, varicella (chickenpox), zoster (shingles), and nasal flu (influenza) vaccine.

Avoid drinking alcohol while you are taking dexamethasone.

What are the possible side effects of dexamethasone?

Get emergency medical help if you have **signs of an allergic reaction**: hives; difficulty breathing; swelling of your face, lips, tongue, or throat.

Call your doctor at once if you have:

- muscle tightness, weakness, or limp feeling;
- problems with your vision;
- shortness of breath (even with mild exertion), swelling, rapid weight gain;
- severe depression, unusual thoughts or behavior;
- a seizure (convulsions);
- bloody or tarry stools, coughing up blood;
- lower back pain, blood in your urine, little or no urination;
- confusion, numbness or tingly feeling around your mouth;
- fast or slow heart rate, weak pulse;
- **a pancreas disorder**--severe pain in your upper stomach spreading to your back, nausea and vomiting, fast heart rate;
- **low potassium**--leg cramps, constipation, irregular heartbeats, fluttering in your chest, increased thirst or urination, numbness or tingling; or
- **dangerously high blood pressure**--severe headache, blurred vision, pounding in your neck or ears, nosebleed, anxiety.

Common side effects may include:

- fluid retention (swelling in your hands or ankles);
- sleep problems (insomnia), mood changes;
- acne, dry skin, thinning skin, bruising or discoloration;
- slow wound healing;
- increased sweating, increased hair growth;

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- headache, dizziness, spinning sensation;
- nausea, stomach pain, bloating;
- muscle weakness; or
- changes in the shape or location of body fat (especially in your arms, legs, face, neck, breasts, and waist).

This is not a complete list of side effects and others may occur. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What other drugs will affect dexamethasone?

Many drugs can interact with dexamethasone. Not all possible interactions are listed here. Tell your doctor about all your current medicines and any you start or stop using, especially:

- aspirin (taken on a daily basis or at high doses);
- cyclosporine;
- digoxin;
- an antibiotic such as erythromycin or rifampin;
- antifungal medicine such as ketoconazole;
- birth control pills or hormone replacement therapy;
- a blood thinner such as warfarin (Coumadin, Jantoven);
- a diuretic (water pill);
- glaucoma medication;
- insulin or diabetes medications you take by mouth;
- medicine to treat dementia or Parkinson's disease;
- an NSAID (nonsteroidal anti-inflammatory drug) such as ibuprofen (Advil, Motrin), naproxen (Aleve), celecoxib, meloxicam, and others; or
- seizure medications such as carbamazepine, phenytoin, or phenobarbital.

This list is not complete and many other drugs can interact with dexamethasone. This includes prescription and over-the-counter medicines, vitamins, and herbal products. Give a list of all your medicines to any healthcare provider who treats you.

Where can I get more information?

Your pharmacist can provide more information about dexamethasone.

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Remember, keep this and all other medicines out of the reach of children, never share your medicines with others, and use this medication only for the indication prescribed.

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What is a MY Einstein Health Patient Portal?

It is a free and secure, password protected web-based site called a "portal" that gives you access to your Einstein Healthcare Network medical records including:

- your recent visits
- prescriptions
- lab results
- conditions
- immunization records
- medical procedures and discharge instructions

Why Is Using MY Einstein Health Important?

- Patient portals are now standard practice at all major health systems.
- Accessing your personal medical records can help you to be more actively involved in your own health care.

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- Having access to your family members' health information may help you take care of them more easily.

How Do I Get Access to MY Einstein Health?

To get started with enrollment to your **My Einstein Health**, ask your health care provider to register you at your next appointment or admission to an Einstein facility. Currently, **My Einstein Health** registration requires an in-person visit to an Einstein Healthcare facility (hospital, doctor offices, out-patient centers, etc.) for security purposes. Creating your account will give you secure, password protected access to your health information and medical records.

Your Health Information Is Private, Secure and Protected

The MY Einstein Health patient portal is a private and secure site. We have safeguards in place to protect your health information.

To make sure that your private health information is safe from unauthorized access:

- MY Einstein Health is hosted on a secure connection and accessed via an encrypted, password-protected logon.
- We have auditing feature that keep a record of who accessed your information, what changes were made, and when.

Please remember YOU need to follow safety tips when accessing the patient portal too. Always remember to protect your username and password from others, and make sure to only log on to MY Einstein Health from a personal or secure computer.

How to complete access to your MY Einstein Health patient portal?

- After you have registered, you will receive an email invitation with further instructions to complete your MY Einstein Health account.
 The email you receive will look like this:
 IQHealth.com <noreply@iqhealth.com> Important Einstein Network Health account information for: YOUR NAME **
 If you do not see the email, be sure to check your SPAM folder!
- Click on the link in the email to take you to the final steps of creating your account.
- First, confirm your identity by choosing YOUR NAME on this page.
- Then, verify your identity by completing your information. You need to remember your security question and answer you created, and confirm that you have read the Terms of Use and Privacy Policy.
- Once completed, you will be on the first page of your MY Einstein Health patient portal.

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6. Please bookmark the link below to continue accessing Einstein Healthcare Network's online services:

<https://einstein.iqhealth.com/login/cerner-health> **

We look forward to providing you with better access to your healthcare information through this convenient and secure tool.

7. If you have any questions in signing up or accessing your secure MY Einstein Health patient portal, please call 1-877-621-8014.

**** Einstein Healthcare Network's electronic medical record vendor, Cerner Corporation, uses IQ Health to provide**

MY Einstein Health**History and Physical**

Document Name: ED Observation H&P
Performed By: CORNISH PA-C, JENNIFER L (3/22/2017 13:30 EDT)
Signed By: CORNISH PA-C, JENNIFER L (4/2/2017 17:45 EDT)
Authenticated By: CORNISH PA-C, JENNIFER L (4/2/2017 17:45 EDT); CORNISH PA-C, JENNIFER L (3/22/2017 14:16 EDT); CORNISH PA-C, JENNIFER L (3/22/2017 13:40 EDT); CORNISH PA-C, JENNIFER L (3/22/2017 13:37 EDT)
Status: Auth (Verified)
Date of Service: 3/22/2017 13:28 EDT
Subject: Neurologic problem

Neurologic problem

Patient: POTTS, CORNELIUS MRN: 100937573 FIN: 35053047
Age: 60 years Sex: Male DOB: 10/29/1956
Associated Diagnoses: None
Author: CORNISH PA-C, JENNIFER L

Basic Information

Time seen: Time Seen by First ED Provider
03/22/17 09:07

History source: Patient.
Arrival mode: Private vehicle.
History limitation: None.

History of Present Illness

The patient presents with left, upper extremity, lower extremity, weakness and altered gait. The onset was 3 weeks ago. The course/duration of symptoms is worsening. Location: pt says he feels weak in both hands and both feet but more pronounced on left side. The character of symptoms is weakness, altered sensation, off-balance, tingling and numbness. The degree at onset was minimal. The degree at maximum was moderate. The degree at present is moderate. Risk factors consist of diabetes mellitus, hyperlipidemia, hypertension and coronary artery disease. Prior episodes: none. Therapy today: none. Associated symptoms: denies chest pain, denies headache, denies nausea, denies vomiting and denies dizziness. Baseline status: ambulatory, uses a cane.

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History and Physical

Additional history: pt is a 60 y/o M with h/o CAD, htn, dm, hld here with progressive weakness in arms/legs x 3 weeks. pt says that he has had some neck and back pains here and there but over the past 3 weeks he has been experiencing weakness and numbness to his left ue and le more than right side and difficulty walking, to the point that he has fallen 3 times over the past 3 weeks and feels like he is dragging his left leg when he walks. he felt very unsteady this morning during the normal 10 min walk from car to work so he decided to come in. he has never had symptoms like this. he also feels tingling/numbness in his hands and feet but has been attributing it to diabetic peripheral neuropathy. he has had occasional headaches, changing locations, and admits to a very mild headache to his frontal region 3/10 currently. no vision changes, neck pains, cp, sob, abdominal pain, injuries during the falls, n/v/d.pt admits to a productive cough x 1-2 weeks with chills "the other day" but none currently. he smokes 1/2 pack per day.

in ED --> found to have some weakness on left side, had CT brain non con tha twas unremarkable and a neuro consult. dr. bradley recommended MRI of brain/neck and he was found to have severe spinal stenosis c4/c5 with compressive myelopathy and is to be admitted at EMCM for neurosurg consult and medical management with decadron..

Review of Systems

Constitutional symptoms: Negative except as documented in HPI, no fever, no chills, no weakness, no fatigue.
Eye symptoms: Negative except as documented in HPI, no recent vision problems, no diplopia, no blurred vision.
ENMT symptoms: Negative except as documented in HPI, no ear pain, no sore throat, no nasal congestion.
Respiratory symptoms: Cough, no shortness of breath, no orthopnea, Sputum production: Clear.
Cardiovascular symptoms: Negative except as documented in HPI, no chest pain, no palpitations, no peripheral edema.
Gastrointestinal symptoms: Negative except as documented in HPI, no abdominal pain, no nausea, no vomiting, no diarrhea.
Musculoskeletal symptoms: No back pain, no Muscle pain.
Neurologic symptoms: Headache, numbness, tingling, weakness, no dizziness, no altered level of consciousness.

Health Status**Allergies:**Allergic Reactions (Selected)

Severity Not Documented

ACE inhibitors- No reactions were documented.

Shellfish- No reactions were documented..

Medications: (Selected)PrescriptionsPrescribed

Glucometer Strips (DME): See Instructions, FREESTYLE TEST STRIPS CHECK BS TID, # 1 box(es), 11 Refill(s), Pharmacy: CVS/pharmacy #3011

Imdur 60 mg oral tablet, extended release: 60 mg = 1 tab(s), Oral, breakfast, # 30 tab(s), 0 Refill(s), other reason (Rx)

Invokana 100 mg oral tablet: 100 mg = 1 tab(s), Oral, daily, # 90 tab(s), 3 Refill(s), Pharmacy: CVS/pharmacy #3011

Januvia 100 mg oral tablet: 100 mg = 1 tab(s), Oral, daily, # 90 tab(s), 3 Refill(s), Pharmacy: CVS/pharmacy #3011

Lipitor 80 mg oral tablet: 80 mg = 1 tab(s), Oral, HS, # 30 tab(s), 0 Refill(s)

amLODIPine 10 mg oral tablet: 10 mg = 1 tab(s), Oral, daily, # 30 tab(s), 0 Refill(s)

clopidogrel 75 mg oral tablet: 75 mg = 1 tab(s), Oral, daily, # 30 tab(s), 0 Refill(s)

colchicine 0.8 mg oral capsule: 0.6 mg = 1 cap(s), Oral, daily, # 5 cap(s), 0 Refill(s)

glipizIDE 5 mg oral tablet: 5 mg = 1 tab(s), Oral, daily, # 90 tab(s), 3 Refill(s), Pharmacy: CVS/pharmacy #3011

labetalol 200 mg oral tablet: 400 mg = 2 tab(s), Oral, bid, # 120 tab(s), 0 Refill(s), other reason (Rx)

nitroglycerin 0.4 mg sublingual tablet: 0.4 mg = 1 tab(s), SL, q5 min. interval, PRN Chest Pain, # 100 tab(s), 0 Refill(s)

Documented MedicationsDocumented

Ranexa 500 mg oral tablet, extended release: 500 mg = 1 tab(s), Oral, bid, 0 Refill(s)

aspirin: 81 mg, Chewed, daily, 0 Refill(s)

famotidine 20 mg oral tablet: 20 mg = 1 tab(s), Oral, bid, # 80 tab(s), 0 Refill(s)

hydrochlorothiazide 25 mg oral tablet: 50 mg = 2 tab(s), Oral, daily, 0 Refill(s).

Past Medical/ Family/ Social History**Medical history**

Cardiovascular: coronary artery disease, hypertension, hyperlipidemia.

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Sex/DOB: Male 10/29/1956

Admission Date: 3/22/2017

Discharge Date: 3/24/2017

History and Physical

Endocrine: diabetes type 2.

Surgical history: Cardiac stents, angioplasty.

Social history: Alcohol use: Denies, Tobacco use: Regularly, smokes 0.5 pack(s) per day, for the last 20 years, Drug use: Denies, Occupation: Employed,

Family/social situation: Married.

Problem list:

All Problems (Selected)

CAD (coronary artery disease) / SNOMED CT 89331010 / Confirmed

Gout / SNOMED CT 150085018 / Confirmed

Hypertension / SNOMED CT 1215744012 / Confirmed

Enlarged prostate / SNOMED CT 372404018 / Confirmed

Hypercholesterolemia without hypertriglyceridemia / SNOMED CT 398853012 / Confirmed

Renal mass, right / SNOMED CT 452430019 / Confirmed

H/O heart artery stent / SNOMED CT 1480321017 / Confirmed

Diabetes type 2, uncontrolled / SNOMED CT ACE77C9A-202B-4D27-97AB-70F7A7249902 / Confirmed.

Physical Examination**Vital Signs**

Vital Signs

3/22/2017 8:28 EDT

Temperature Oral	36.6 DegC
Heart Rate Monitored	84 bpm
Respiratory Rate	18 br/min
Systolic Blood Pressure	142 mmHg HI
Diastolic Blood Pressure	83 mmHg

Measurements

3/22/2017 8:28 EDT

Height/Length Measured	190 cm
Weight Measured	130 kg
Body Mass Index Measured	36 kg/m2

Basic Oxygen Information

3/22/2017 8:28 EDT SpO2 100 %

General: Alert, no acute distress.

Skin: Warm, dry, intact.

Head: Normocephalic, atraumatic.

Neck: Supple, no tenderness, full painless rom.

Eye: Pupils are equal, round and reactive to light, normal conjunctiva.

Ears, nose, mouth and throat: Oral mucosa moist, no pharyngeal erythema or exudate.

Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.

Chest wall: No tenderness, No deformity.

Gastrointestinal: Soft, Nontender, Normal bowel sounds, Obese, Guarding: Negative, Rebound: Negative.

Neurological: Alert and oriented to person, place, time, and situation, CN II-XII intact, normal speech observed, Sensory: Left upper extremity, left lower extremity, diminished, to touch, Coordination: slightly wide based gait, unsteady but able to walk with cane and assistance; , Gait: Wide-based.

Psychiatric: Cooperative.

Medical Decision Making

Documents reviewed: Emergency department nurses' notes.

Results review: Lab results : Lab View

3/22/2017 10:37 EDT

Estimated Creatinine Clearance

113.81

3/22/2017 10:07 EDT

Glucose POC

159 mg/dL HI

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
 559 West Germantown Pike
 East Norriton, PA 19403-

MRN: 100937573
 Patient: POTTS, CORNELIUS D
 Admission Date: 3/22/2017

FIN: 35053047
 Sex/DOB: Male 10/29/1956
 Discharge Date: 3/24/2017

History and Physical

3/22/2017 9:27 EDT

Sodium Lvl	142 mmol/L
Potassium Lvl	4.8 mmol/L
Chloride Lvl	105 mmol/L
CO2	25 mmol/L
BUN	18 mg/dL
Creatinine Lvl	1.0 mg/dL
Calcium Lvl	9.8 mg/dL
GFR AA	>60 mL/min/1.73m ² NA
GFR Non AA	>60 mL/min/1.73m ² NA
AGAP	12.0 mEq/L
Glucose Random	169 mg/dL HI
WBC	7.4 x10 ³ /mcL
RBC	5.47 x10 ⁶ /mcL
Hgb	15.5 gm/dL
Hct	45.7 %
RDW	13.8 %
MCH	28.3 pg
MCHC	33.9 gm/dL
MCV	83.5 fL
MPV	10.8 fL HI
Platelet	171 x10 ³ /mcL
Neutro Auto	63.2 %
Lymph Auto	23.0 %
Mono Auto	9.2 %
Eos Auto	3.7 % HI
Basophil Auto	0.4 %
Neutro Absolute	4.6 x10 ³ /mcL
Lymph Absolute	1.7 x10 ³ /mcL
Mono Absolute	0.7 x10 ³ /mcL
Eos Absolute	0.3 x10 ³ /mcL
Baso Absolute	0.0 x10 ³ /mcL

, Interpretation.

Head Computed Tomography: IMPRESSION:

No acute intracranial hemorrhage or transcortical infarction. MRI is more sensitive for acute ischemia.

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History and Physical

Mild probable sequela of chronic small vessel ischemia and volume loss.

Radiology results: Magnetic Resonance Imaging, Interpretation: IMPRESSION:

No acute intracranial abnormality. Focal left posterior inferior temporal encephalomalacia, may be sequela of prior ischemia or trauma. Mild probable sequela of chronic small vessel ischemia and volume loss.

Advanced multilevel spondylosis of the cervical spine as described above, with severe spinal canal stenosis at C4-5 and associated abnormal cord signal at this level compatible with compressive myelopathy. Moderate spinal canal stenosis at C2-C3, C3-4, and moderate to severe spinal canal stenosis at C5-6.

Multilevel neural foraminal narrowing. moderate left greater than right at C2-3, moderate to severe right greater than left at C3-4, severe right greater than left at C4-5, moderate to severe left greater than right at C5-6, moderate to severe right and moderate left at C6-7, and moderate on the right at C7-T1..

Impression and Plan

Cervical spinal stenosis - Discharge, Medical

Discharge plan

Condition: Stable.

Notes: 60 y/o M with left sided weakness, numbness and difficulty walking with freq falls with MRI showing cervical spinal stenosis to be admitted for neurosurg consult, neuro checks, and medical management at this point

1. cervical stenosis
 - decadron, neuro checks, neurosurg consult
2. htn/hld
 - continue meds
3. dm
 - insulin ss, accuchecks
4. cad/mi
 - continue meds.

EINSTEIN HEALTHCARE NETWORK

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MRN: 100937573
Patient: POTTS, CORNELIUS D
Admission Date: 3/22/2017

FIN: 35053047
Sex/DOB: Male 10/29/1956
Discharge Date: 3/24/2017

Inpatient Clinical Summary

Document Name: Clinical Summary
Performed By: Sinkoff DO, Michael (3/24/2017 17:41 EDT)
Signed By: Sinkoff DO, Michael (3/24/2017 17:41 EDT); Patel BSCN/BSN, Sheetal (3/24/2017 16:04 EDT);
Patel BSCN/BSN, Sheetal (3/24/2017 16:04 EDT); Patel BSCN/BSN, Sheetal (3/24/2017 16:04 EDT); Yaeger PA-C, Sean Christopher (3/24/2017 08:19 EDT)
Authenticated By: Sinkoff DO, Michael (3/24/2017 17:41 EDT)
Status: Modified
Date of Service: 3/24/2017 17:41 EDT
Subject: Inpatient Clinical Summary

Inpatient Clinical Summary**Einstein Healthcare Network**

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403
(484) 622-1000

Clinical Summary/Transition of Care

Take this form and your medication schedule to all your follow-up appointments with your primary doctor, specialist, and/or clinic.

Date of Admission: 3/22/2017 8:26 AM

Current Date/Time: 3/24/2017 17:41:38

Visit Summary For CORNELIUS POTTS

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 60 years **Sex:** Male **DOB:** 10/29/1956 **MRN:** 100937573

Address: 1630 PINE ST NORRISTOWN, PA 19401

Home: (267) 736-7824 **Work:** (267) 736-7824 **Mobile:** --

Primary Care Provider: Graf DO, Andrew

Race: Black or African American **Ethnicity:** Not Hispanic or Latino

Language: English

Health Plan: 1°BLUE CROSS OUT OF AREA

Diagnoses This Visit

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
 559 West Germantown Pike
 East Norriton, PA 19403-

MRN: 100937573

Patient: POTTS, CORNELIUS D

Admission Date: 3/22/2017

FIN:

35053047

Sex/DOB: Male

10/29/1956

Discharge Date: 3/24/2017

Inpatient Clinical Summary

Cervical spinal stenosis (M48.02)

Cervical stenosis of spine (M48.02)

Coronary artery disease (I25.10)

Neurologic problem (561C060A-C427-4986-8D04-812BE1832F4B)

Weakness or fatigue (4625BEB1-9B7F-49CE-995B-76DFB08D87FA)

Problems**Active**

Coronary artery disease

Obesity

Enlarged prostate

CAD (coronary artery disease)

H/O heart artery stent

Renal mass, right

Hypertension

Gout

Diabetes type 2, uncontrolled

Hypercholesterolemia without hypertriglyceridemia

Procedures

No Procedures Documented

Assessment and Plan: pt presented with altered gait and LE weakness. Found to have significant cervical myelopathy. Neuro and neurosurgery evaluated and plans for OR next week. Cardio and endocrine consulted to assist with preop, clear for surgery. Pt requested to be discharged to home. Will continue decadron taper and f/u with neurosurgery for operative planning

Resuscitation Status:**Allergies**

shellfish (rash) (hives)

ACE inhibitors (coma) (anaphylaxis)

PCP: Graf DO, Andrew

PCP Phone: 6102728221

Admitting Physician: Graf DO, Andrew

Attending: Graf DO, Andrew

Consulting Physician(s): HAMAKER, LISA L; Lipshutz MD, Hugh; Fredd MD, Scott; UnknownPhysician, UnknownUnknownPhysician; Janke DO, FACC, Albert; Blackstone ABIM, Sherri E

Transfer to Facility

Transferred to : Home

Accepting Physician:

Report Given To:

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
 559 West Germantown Pike
 East Norriton, PA 19403-

MRN: 100937573

Patient: POTTS, CORNELIUS D

Admission Date: 3/22/2017

FIN:

35053047

Sex/DOB: Male

10/29/1956

Discharge Date: 3/24/2017

Inpatient Clinical Summary

Reason for Transfer:

Nursing Unit/Phone:

Isolation: No

Patient at Risk for: Fall

Oxygen Therapy: Room air

FIO2/Flowrate:

Bladder Management: Continent

Catheter Size:

Date of Last Catheter Change:

Bowel Management: Continent

Date of last Bowel Movement:

Bowel Routine:

Skin Condition: No problem

Location/Treatment Details:

Date Sutures/Staples to be Removed:

IV Access: D/C iv with dry gauze dressing

Mental status/Behavior: Alert

Orientation: Oriented x 3

Communication Limitations: Speaks, Understands

Functional Assessment

Weight Bearing Status:

Transfer: Maximum assistance

Bathing: Maximum assistance

Oral Care: Independent

Mobility: Transfer assistance

Safety Concerns:

Dressing: Moderate assistance

Meals: Moderate assistance

Impairments: Other: weakness

Date of Last Fall:

Shave:

Feeding Tube:

Therapy Recommendations:

Evaluate and Treat:

Continue:

Hospital Stay Information**Vitals and Measurements this Visit** (last charted value for your 03/22/2017 visit)**Vital Signs This Visit**

Temperature Oral: 37.2 DegC

EINSTEIN HEALTHCARE NETWORK

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Inpatient Clinical Summary

Apical Heart Rate: 68 bpm
 Peripheral Pulse Rate: 71 bpm
 Heart Rate Monitored: 84 bpm
 Respiratory Rate: 16 br/min
 Blood Pressure: 129/71 mmHg
 Mean Arterial Pressure, Cuff: 90 mmHg

Measurements This Visit

Height/Length: 190 cm
 Weight: 139.1 kg
 Weight Method: Measured weight
 Ideal Body Weight: 89 kg
 Percent Ideal Weight: 156 %
 BSA Measured: 2.71
 Body Mass Index: 38.5 kg/m²

Call for Results:**Tests to be Done after Discharge:****Laboratory or Other Results This Visit (last charted value for your 03/22/2017 visit)****Hematology**

03/23/2017 7:44 AM

Eos Auto: 0.0 % -- Normal range between (0.0 and 3.0)
Hct: 44.7 % -- Normal range between (39.0 and 53.0)
Hgb: 15.2 gm/dL -- Normal range between (14.0 and 18.0)
Lymph Auto: 8.9 % -- Normal range between (22.0 and 44.0)
MCH: 28.1 pg -- Normal range between (25.0 and 35.0)
MCHC: 34.0 gm/dL -- Normal range between (31.0 and 37.0)
MCV: 82.8 fL -- Normal range between (80.0 and 99.0)
Mono Auto: 3.7 % -- Normal range between (1.9 and 11.4)
MPV: 10.5 fL -- Normal range between (7.4 and 10.4)
Neutro Auto: 86.6 % -- Normal range between (44.0 and 79.0)
Platelet: 167 x10³/mCL -- Normal range between (140 and 450)
RBC: 5.40 x10⁶/mCL -- Normal range between (4.70 and 6.10)
RDW: 13.7 %
Basophil Auto: 0.1 % -- Normal range between (0.0 and 1.0)
WBC: 11.8 x10³/mCL -- Normal range between (4.0 and 11.0)
Mono Absolute: 0.4 x10³/mCL -- Normal range between (0.0 and 1.2)

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Discharge Date: 3/24/2017

Inpatient Clinical Summary

Eos Absolute: $0.0 \times 10^3/\text{mcL}$ -- Normal range between (0.0 and 0.6)
Baso Absolute: $0.0 \times 10^3/\text{mcL}$ -- Normal range between (0.0 and 0.1)
Neutro Absolute: $10.2 \times 10^3/\text{mcL}$ -- Normal range between (1.7 and 8.4)
Lymph Absolute: $1.0 \times 10^3/\text{mcL}$ -- Normal range between (0.4 and 4.2)

Chemistry

03/24/2017 11:03 AM

Glucose POC: 249 mg/dL -- Normal range between (74 and 99)

.Glucose POC: .Glucose POC

03/23/2017 10:54 AM

Estimated Creatinine Clearance: 117.85

03/23/2017 7:44 AM

Creatinine Lvl: 1.0 mg/dL -- Normal range between (0.7 and 1.3)

Calcium Lvl: 9.6 mg/dL -- Normal range between (8.4 and 10.2)

Sodium Lvl: 141 mmol/L -- Normal range between (137 and 145)

Potassium Lvl: 4.5 mmol/L -- Normal range between (3.5 and 5.1)

Chloride Lvl: 103 mmol/L -- Normal range between (98 and 107)

CO2: 27 mmol/L -- Normal range between (22 and 30)

AGAP: 11.0 mEq/L -- Normal range between (5.0 and 15.0)

Hgb A1c: 8.6 %

BUN: 18 mg/dL -- Normal range between (9 and 20)

Glucose Random: 209 mg/dL -- Normal range between (74 and 99)

GFR Non AA: >60 mL/min/1.73m2

GFR AA: >60 mL/min/1.73m2

Est Avg Glucose: 200

Send Out Tests

03/23/2017 3:13 PM

Add On Procedure: Processed

Computed Tomography

03/22/2017 9:43 AM

CT Head or Brain w/o Contrast: CT Head or Brain w/o Contrast

Diagnostic Radiology

03/22/2017 9:58 AM

GD Chest 2 Views: GD Chest 2 Views

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Discharge Date: 3/24/2017

Inpatient Clinical Summary**Magnetic Resonance Imaging**

03/22/2017 12:11 PM

MRI Brain/ Cervical Spine w/o Contrast: MRI Brain/ Cervical Spine w/o Contrast

*Only names of radiology studies completed displays. Please see medical record for results.

Medication Instructions**Final Medication List**

CVS/pharmacy #3011, 1799 DEKALB PIKE BLUE BELL, PA 19422, (610) 239 - 1686

canagliflozin (Invokana 100 mg oral tablet) 1 tab(s), Oral, every day, Refills: 3

sitaGLIPTin (Januvia 100 mg oral tablet) 1 tab(s), Oral, every day, Refills: 3

Prescription sent to:

amLODIPine (amLODIPine 10 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

atorvastatin (Lipitor 80 mg oral tablet) 1 tab(s), Oral, at bedtime, Refills: 0

dexamethasone (dexamethasone 2 mg oral tablet) , See Instructions, 3 tabs oral BID x 2 days, then
2 tabs oral BID x 2 days, then
1 tab oral BID x 2 days, then
1 tab oral daily x 2 days, then STOP, Refills: 0

nitroglycerin (nitroglycerin 0.4 mg sublingual tablet) 1 tab(s), Sublingual, every 5 minutes, As Needed, Chest Pain, Refills: 0

Other Medications

acetaminophen (acetaminophen 325 mg oral tablet) 2 tab(s), Oral, every 6 hours, As Needed, Fever, Refills: 0

allopurinol (allopurinol 100 mg oral tablet) 2 tab(s), Oral, every day, Refills: 0

cholecalciferol (Vitamin D3) 1 tab(s), Oral, every day, Refills: 0

docusate (Colace 100 mg oral capsule) 1 cap(s), Oral, 2 times a day, Refills: 0

famotidine (famotidine 20 mg oral tablet) 1 tab(s), Oral, 2 times a day, Refills: 0

glipizIDE (GlipizIDE XL 10 mg oral tablet, extended release) 1 tab(s), Oral, every day, Refills: 0

hydroCHLORothiazide (hydrochlorothiazide 25 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

insulin glargine (Toujeo SoloStar 300 units/mL subcutaneous solution) 10 unit(s), Subcutaneous, lunch, take around 1pm, do not wait til night time. If you prefer a different time, you can change the time each day by 2 hours until you reach the desired time. rotate injection sites, 30 day(s), Refills: 0

isosorbide mononitrate (Imdur 60 mg oral tablet, extended release) 1 tab(s), Oral, breakfast, Refills: 0

EINSTEIN HEALTHCARE NETWORK

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Discharge Date: 3/24/2017

Inpatient Clinical Summary

labetalol (labetalol 200 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

ranolazine (Ranexa 500 mg oral tablet, extended release) 1 tab(s), Oral, 2 times a day, As Needed, as needed, Refills: 0

Detailed Instructions

Prescriptions: Provided to patient/caregiver

NEW Medications**Prescription sent to:**

dexamethasone (dexamethasone 2 mg oral tablet), See Instructions, 3 tabs oral BID x 2 days, then
2 tabs oral BID x 2 days, then
1 tab oral BID x 2 days, then
1 tab oral daily x 2 days, then STOP, Refills: 0
Last Dose: _____ Next Dose: _____

Other Medications

acetaminophen (acetaminophen 325 mg oral tablet) 2 tab(s), Oral, every 6 hours, As Needed, Fever, Refills: 0
Last Dose: _____ Next Dose: _____

docusate (Colace 100 mg oral capsule) 1 cap(s), Oral, 2 times a day, Refills: 0
Last Dose: _____ Next Dose: _____

insulin glargine (Toujeo SoloStar 300 units/mL subcutaneous solution) 10 unit(s), Subcutaneous, lunch, take around 1pm, do not
wait til night time. If you prefer a different time, you can change the time each day by 2 hours until you reach the desired time.
rotate injection sites, 30 day(s), Refills: 0
Last Dose: _____ Next Dose: _____

CONTINUE taking these medications (No changes)

CVS/pharmacy #3011, 1799 DEKALB PIKE BLUE BELL, PA 19422, (610) 239 - 1686

canagliflozin (Invokana 100 mg oral tablet) 1 tab(s), Oral, every day, Refills: 3
Last Dose: _____ Next Dose: _____

sitagliptin (Januvia 100 mg oral tablet) 1 tab(s), Oral, every day, Refills: 3
Last Dose: _____ Next Dose: _____

Prescription sent to:

amlodipine (amlodipine 10 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

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FIN: 35053047
Sex/DOB: Male 10/29/1956
Discharge Date: 3/24/2017

Inpatient Clinical Summary

Last Dose: _____ Next Dose: _____

atorvastatin (Lipitor 80 mg oral tablet) 1 tab(s), Oral, at bedtime, Refills: 0

Last Dose: _____ Next Dose: _____

nitroglycerin (nitroglycerin 0.4 mg sublingual tablet) 1 tab(s), Sublingual, every 5 minutes, As Needed, Chest Pain, Refills: 0

Last Dose: _____ Next Dose: _____

Other Medications

allopurinol (allopurinol 100 mg oral tablet) 2 tab(s), Oral, every day, Refills: 0

Last Dose: _____ Next Dose: _____

cholecalciferol (Vitamin D3) 1 tab(s), Oral, every day, Refills: 0

Last Dose: _____ Next Dose: _____

famotidine (famotidine 20 mg oral tablet) 1 tab(s), Oral, 2 times a day, Refills: 0

Last Dose: _____ Next Dose: _____

glipizIDE (GlipizIDE XL 10 mg oral tablet, extended release) 1 tab(s), Oral, every day, Refills: 0

Last Dose: _____ Next Dose: _____

hydroCHLORothiazide (hydrochlorothiazide 25 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

Last Dose: _____ Next Dose: _____

isosorbide mononitrate (Imdur 60 mg oral tablet, extended release) 1 tab(s), Oral, breakfast, Refills: 0

Last Dose: _____ Next Dose: _____

labetalol (labetalol 200 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

Last Dose: _____ Next Dose: _____

ranolazine (Ranexa 500 mg oral tablet, extended release) 1 tab(s), Oral, 2 times a day, As Needed, as needed, Refills: 0

Last Dose: _____ Next Dose: _____

STOP taking these medications

aspirin 81 mg, Chewed, every day, Refills: 0

clopidogrel (clopidogrel 75 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

colchicine (colchicine 0.6 mg oral capsule) 1 cap(s), Oral, every day, 5 day(s), Refills: 0

diphenhydrAMINE (Diphenhist 25 mg oral tablet) 1 tab(s), Oral, every day, As Needed, as needed for allergy symptoms, Refills: 0

Additional Medication Instructions:

EINSTEIN HEALTHCARE NETWORK

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MRN: 100937573

Patient: POTTS, CORNELIUS D

Admission Date: 3/22/2017

FIN:

35053047

Sex/DOB: Male

10/29/1956

Discharge Date: 3/24/2017

Inpatient Clinical Summary

Reason Aspirin Not Ordered (if applicable):

Reason Beta Blocker Not Ordered (if applicable):

Reason ACE-I/ARB Not Ordered (if applicable):

Reason Statin Not Ordered (if applicable):

Discharge Instructions

Diet Instructions: Carbohydrate controlled, Low fat/Low cholesterol

Physical Activity Instructions: No driving, No exercise until after further contact with the physician

Wound/Drain Care:

Other discharge Instructions: DIABETES CARE: Your sugars will be in flux as you adjust from hospital to home life. It can rise from increased carbohydrate intake, more sedentary activity, illness, stress, steroids, and weight gain. (Now that you are on steroids, you are requiring more medication so we are going to restart the toujeo.) Your sugar can lower with increased activity, less carbohydrate intake, weight loss. If we can control your sugars better we can decrease the damage to your nerves and blood vessels, may be able to decrease the pain from neuropathy, and can prevent further nerve damage and blood vessel damage from occurring.

The only way to control diabetes is to know what the sugars are. The only way to know what they are is to check them. Use the sides of your finger pads for lower pain (the nerve endings are more on the finger pads, for the sense of touch). Check your sugars before meals, at bedtime, and as needed if symptoms develop. Call Lisa Hamaker MD or Diana Isala NP for sugars less than 100 or more than 200 for medication adjustment.

SUGAR IS BLOCKAGE. There is no set dose of medication for diabetes. Your blood sugar requirements can change over time. As you get older, your pancreas ages too. You are welcome to call Diana Isala NP at 610.941.6799 should you have any questions regarding your sugars.

Other Referrals:

Home Care Arrangements:

Home Care Services Begin:

Home Infusion Agency:

Hospice Agency:

SNF/Boarding Home:

Equipment Company Information: Montgomery Medical 610-630-6357

Equipment Ordered: Rolling walker to bedside

Delivery Date:

Occupational Therapist's Recommendations:

Physical Therapist's Recommendations:

Speech Therapist's Recommendations:

EINSTEIN HEALTHCARE NETWORK

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Discharge Date: 3/24/2017

Inpatient Clinical Summary**Additional Information:**

Handouts Received: Spinal Stenosis, Easy-to-Read; Smoking Cessation (GLASSADR)

Smoking Status

Current every day smoker
Current every day smoker

No Immunizations Given

Reason Pneumococcal Vaccine Not Given:

Reason Influenza Vaccine Not Given:

Follow up Appointments

With:
LISA HAMAKER

Address:
633 W. Germantown Avenue, Suite 105
Plymouth Meeting, PA 19462
4846226400 Business (1)

When:
6/7/2017 09:00:00

With:
Mandy Binning

Address:
Global Neurosciences Institute, 750
Brunswick Avenue, 1 Front North
Trenton, NJ 08638
(844) 464-6387 Business (1)

When:
Within 3 to 5 days

Chemistry

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Routine Chemistry

	Collected Date Collected Time	3/22/2017 09:27 EDT	3/22/2017 10:07 EDT	3/22/2017 10:37 EDT	3/22/2017 14:27 EDT	Reference Range	Units
Procedure							
Sodium Lvl		142 ^{R1}	-	-	-	[137-145]	mmol/L
Potassium Lvl		4.6 ^{R1}	-	-	-	[3.5-5.1]	mmol/L
Chloride Lvl		105 ^{R1}	-	-	-	[98-107]	mmol/L
CO2		25 ^{R1}	-	-	-	[22-30]	mmol/L

EINSTEIN HEALTHCARE NETWORK

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Chemistry

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Routine Chemistry

Collected Date	3/22/2017	3/22/2017	3/22/2017	3/22/2017		
Collected Time	09:27 EDT	10:07 EDT	10:37 EDT	14:27 EDT		
Procedure					Reference Range	Units
BUN	18 ^{R1}	-	-	-	[9-20]	mg/dL
Creatinine Lvl	1.0 ^{R1}	-	-	-	[0.7-1.3]	mg/dL
Calcium Lvl	9.8 ^{R1}	-	-	-	[8.4-10.2]	mg/dL
GFR AA	>60 ^{R1}	-	-	-		mL/min/1.73m2
GFR Non AA	>60 ^{R1}	-	-	-		mL/min/1.73m2
Estimated Creatinine Clearance	-	-	113.81 ^H	113.81 ^H		
AGAP	12.0 ^{R1}	-	-	-	[5.0-15.0]	mEq/L
Glucose Random	169 ^{H R1}	-	-	-	[74-99]	mg/dL
Glucose POC	-	159 ^H	-	-	[74-99]	mg/dL

Result Comments

f1: Estimated Creatinine Clearance

The estimated creatinine clearance 113.81, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 22, 2017 09:27:00 EDT

Weight Measured = 130 Kg, as of March 22, 2017 08:28:00 EDT

Height/Length Measured = 190 cm, as of March 22, 2017 08:28:00 EDT

f2: Estimated Creatinine Clearance

The estimated creatinine clearance 113.81, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 22, 2017 09:27:00 EDT

Weight Measured = 130 Kg, as of March 22, 2017 09:04:00 EDT

Height/Length Measured = 190 cm, as of March 22, 2017 09:04:00 EDT

Collected Date	3/22/2017	3/22/2017	3/22/2017	3/22/2017		
Collected Time	16:04 EDT	16:11 EDT	17:30 EDT	20:41 EDT		
Procedure					Reference Range	Units
Estimated Creatinine Clearance	117.85 ^H	117.85 ^H	-	-		
Glucose POC	-	-	165 ^H	290 ^H	[74-99]	mg/dL

Result Comments

f3: Estimated Creatinine Clearance

The estimated creatinine clearance 117.85, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 22, 2017 09:27:00 EDT

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573
Patient: POTTS, CORNELIUS D
Admission Date: 3/22/2017

FIN: 35053047
Sex/DOB: Male 10/29/1956
Discharge Date: 3/24/2017

Chemistry

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Routine Chemistry**Result Comments**

f3: Estimated Creatinine Clearance

Weight Measured = 139.1 Kg, as of March 22, 2017 16:01:00 EDT

Height/Length Measured = 190 cm, as of March 22, 2017 16:01:00 EDT

Collected Date	3/23/2017	3/23/2017	3/23/2017	3/23/2017		
Collected Time	06:28 EDT	07:44 EDT	08:28 EDT	10:54 EDT		
Procedure					Reference Range	Units
Sodium Lvl	-	141 ^{RI}	-	-	[137-145]	mmol/L
Potassium Lvl	-	4.5 ^{RI}	-	-	[3.5-5.1]	mmol/L
Chloride Lvl	-	103 ^{RI}	-	-	[98-107]	mmol/L
CO2	-	27 ^{RI}	-	-	[22-30]	mmol/L
BUN	-	18 ^{RI}	-	-	[9-20]	mg/dL
Creatinine Lvl	-	1.0 ^{RI}	-	-	[0.7-1.3]	mg/dL
Calcium Lvl	-	9.6 ^{RI}	-	-	[8.4-10.2]	mg/dL
GFR AA	-	>60 ^{RI}	-	-		mL/min/1.73m2
GFR Non AA	-	>60 ^{RI}	-	-		mL/min/1.73m2
Estimated Creatinine Clearance	-	-	117.85 ^{f4}	117.85 ^{f5}		
AGAP	-	11.0 ^{RI}	-	-	[5.0-15.0]	mEq/L
Glucose Random	-	209 ^{H RI}	-	-	[74-99]	mg/dL
Hgb A1c	-	8.6 ^{H RI}	-	-	[<=6.0]	%
Est Avg Glucose	-	200 ^{RI}	-	-		
Glucose POC	217 ^H	-	-	-	[74-99]	mg/dL

Result Comments

f4: Estimated Creatinine Clearance

The estimated creatinine clearance 117.85, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 23, 2017 07:44:00 EDT

Weight Measured = 139.1 Kg, as of March 22, 2017 16:01:00 EDT

Height/Length Measured = 190 cm, as of March 22, 2017 16:01:00 EDT

f5: Estimated Creatinine Clearance

The estimated creatinine clearance 117.85, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 23, 2017 07:44:00 EDT

Weight Measured = 139.1 Kg, as of March 23, 2017 10:48:00 EDT

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573

FIN:

35053047

Patient: POTTS, CORNELIUS D

Sex/DOB: Male

10/29/1956

Admission Date: 3/22/2017

Discharge Date: 3/24/2017

Chemistry

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Routine Chemistry

Result Comments

f5: Estimated Creatinine Clearance

Height/Length Measured = 190 cm, as of March 23, 2017 10:48:00 EDT

Collected Date	3/23/2017	3/23/2017	3/23/2017	3/24/2017		
Collected Time	11:55 EDT	16:58 EDT	20:51 EDT	05:42 EDT		
Procedure					Reference Range	Units
Glucose POC	214 ^H	261 ^H	269 ^H	225 ^H	[74-99]	mg/dL

Collected Date	3/24/2017			
Collected Time	11:03 EDT			
Procedure		Reference Range	Units	
Glucose POC	249 ^H	[74-99]	mg/dL	

Interpretive Data

*1: Hgb A1c

Hgb A1c REFERENCE RANGES

Non-Diabetic Range <6.0%
ADA Therapeutic Target 6.0-7.0%
Action Suggested >7.0%

Chemistry

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Routine Chemistry

Collected Date	3/24/2017	3/24/2017	3/23/2017	3/23/2017		
Collected Time	11:03 EDT	05:42 EDT	20:51 EDT	16:58 EDT		
Procedure					Reference Range	Units
Glucose POC	249 ^H	225 ^H	269 ^H	261 ^H	[74-99]	mg/dL

Collected Date	3/23/2017	3/23/2017	3/23/2017	3/23/2017		
Collected Time	11:55 EDT	10:54 EDT	08:28 EDT	07:44 EDT		
Procedure					Reference Range	Units
Sodium Lvl	-	-	-	141 ^{RI}	[137-145]	mmol/L
Potassium Lvl	-	-	-	4.5 ^{RI}	[3.5-5.1]	mmol/L

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Chart ID: 167692651

Print Date/Time: 1/9/2020 08:29 EST

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573
Patient: POTTS, CORNELIUS D
Admission Date: 3/22/2017

FIN: 35053047
Sex/DOB: Male 10/29/1956
Discharge Date: 3/24/2017

Chemistry

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Routine Chemistry

Collected Date	3/23/2017	3/23/2017	3/23/2017	3/23/2017		
Collected Time	11:55 EDT	10:54 EDT	08:28 EDT	07:44 EDT		
Procedure					Reference Range	Units
Chloride Lvl	-	-	-	103 ^{R1}	[98-107]	mmol/L
CO2	-	-	-	27 ^{R1}	[22-30]	mmol/L
BUN	-	-	-	18 ^{R1}	[9-20]	mg/dL
Creatinine Lvl	-	-	-	1.0 ^{R1}	[0.7-1.3]	mg/dL
Calcium Lvl	-	-	-	9.6 ^{R1}	[8.4-10.2]	mg/dL
GFR AA	-	-	-	>60 ^{R1}		mL/min/1.73m2
GFR Non AA	-	-	-	>60 ^{R1}		mL/min/1.73m2
Estimated Creatinine Clearance	-	117.85 ^{R5}	117.85 ^{R4}	-		
AGAP	-	-	-	11.0 ^{R1}	[5.0-15.0]	mEq/L
Glucose Random	-	-	-	209 ^{H R1}	[74-99]	mg/dL
Hgb A1c	-	-	-	8.6 ^{H R1}	[<=6.0]	%
Est Avg Glucose	-	-	-	200 ^{R1}		
Glucose POC	214 ^H	-	-	-	[74-99]	mg/dL

Result Comments

f4: Estimated Creatinine Clearance
The estimated creatinine clearance 117.85, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 23, 2017 07:44:00 EDT

Weight Measured = 139.1 Kg, as of March 22, 2017 16:01:00 EDT

Height/Length Measured = 190 cm, as of March 22, 2017 16:01:00 EDT

f5: Estimated Creatinine Clearance
The estimated creatinine clearance 117.85, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 23, 2017 07:44:00 EDT

Weight Measured = 139.1 Kg, as of March 23, 2017 10:48:00 EDT

Height/Length Measured = 190 cm, as of March 23, 2017 10:48:00 EDT

Collected Date	3/23/2017	3/22/2017	3/22/2017	3/22/2017		
Collected Time	06:28 EDT	20:41 EDT	17:30 EDT	16:11 EDT		
Procedure					Reference Range	Units
Estimated Creatinine Clearance	-	-	-	117.85 ^{R5}		
Glucose POC	217 ^H	290 ^H	165 ^H	-	[74-99]	mg/dL

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573
Patient: POTTS, CORNELIUS D
Admission Date: 3/22/2017

FIN: 35053047
Sex/DOB: Male 10/29/1956
Discharge Date: 3/24/2017

Chemistry

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Routine Chemistry**Result Comments**

f3: Estimated Creatinine Clearance
The estimated creatinine clearance 117.85, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 22, 2017 09:27:00 EDT

Weight Measured = 139.1 Kg, as of March 22, 2017 16:01:00 EDT

Height/Length Measured = 190 cm, as of March 22, 2017 16:01:00 EDT

	Collected Date: 3/22/2017	3/22/2017	3/22/2017	3/22/2017	3/22/2017		
	Collected Time: 16:04 EDT	14:27 EDT	10:37 EDT	10:07 EDT			
Procedure					Reference Range	Units	
Estimated Creatinine Clearance	117.85 [#]	113.81 [#]	113.81 [#]	-			
Glucose POC	-	-	-	159 ^H	[74-99]	mg/dL	

Result Comments

f1: Estimated Creatinine Clearance
The estimated creatinine clearance 113.81, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 22, 2017 09:27:00 EDT

Weight Measured = 130 Kg, as of March 22, 2017 08:28:00 EDT

Height/Length Measured = 190 cm, as of March 22, 2017 08:28:00 EDT

f2: Estimated Creatinine Clearance
The estimated creatinine clearance 113.81, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 22, 2017 09:27:00 EDT

Weight Measured = 130 Kg, as of March 22, 2017 09:04:00 EDT

Height/Length Measured = 190 cm, as of March 22, 2017 09:04:00 EDT

f3: Estimated Creatinine Clearance
The estimated creatinine clearance 117.85, was calculated using the following values;

Creatinine Lvl = 1.0 mg/dL, as of March 22, 2017 09:27:00 EDT

Weight Measured = 139.1 Kg, as of March 22, 2017 16:01:00 EDT

Height/Length Measured = 190 cm, as of March 22, 2017 16:01:00 EDT

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573
Patient: POTTS, CORNELIUS D
Admission Date: 3/22/2017

FIN: 35053047
Sex/DOB: Male 10/29/1956
Discharge Date: 3/24/2017

Chemistry

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Routine Chemistry

Collected Date 3/22/2017		Collected Time 09:27 EDT	
Procedure		Reference Range	Units
Sodium Lvl	142 ^{RI}	[137-145]	mmol/L
Potassium Lvl	4.6 ^{RI}	[3.5-5.1]	mmol/L
Chloride Lvl	105 ^{RI}	[98-107]	mmol/L
CO2	26 ^{RI}	[22-30]	mmol/L
BUN	18 ^{RI}	[9-20]	mg/dL
Creatinine Lvl	1.0 ^{RI}	[0.7-1.3]	mg/dL
Calcium Lvl	9.8 ^{RI}	[8.4-10.2]	mg/dL
GFR AA	>60 ^{RI}		mL/min/1.73m2
GFR Non AA	>60 ^{RI}		mL/min/1.73m2
AGAP	12.0 ^{RI}	[5.0-15.0]	mEq/L
Glucose Random	169 ^{HRI}	[74-99]	mg/dL

Interpretive Data

*1: Hgb A1c

Hgb A1c REFERENCE RANGES

Non-Diabetic Range <6.0%
ADA Therapeutic Target 6.0-7.0%
Action Suggested >7.0%

Hematology

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Collected Date	3/23/2017	3/22/2017		
Collected Time	07:44 EDT	09:27 EDT		
Procedure			Reference Range	Units
WBC	11.8 ^{HRI}	7.4 ^{RI}	[4.0-11.0]	x10 ³ /mcl
RBC	5.40 ^{RI}	5.47 ^{RI}	[4.70-6.10]	x10 ⁶ /mcl
Hgb	15.2 ^{RI}	15.5 ^{RI}	[14.0-18.0]	gm/dL
Hct	44.7 ^{RI}	45.7 ^{RI}	[39.0-53.0]	%
RDW	13.7 ^{RI}	13.8 ^{RI}	[<=16.0]	%
MCH	28.1 ^{RI}	28.3 ^{RI}	[25.0-35.0]	pg
MCHC	34.0 ^{RI}	33.9 ^{RI}	[31.0-37.0]	gm/dL
MCV	82.8 ^{RI}	83.5 ^{RI}	[80.0-99.0]	fL
MPV	10.5 ^{HRI}	10.8 ^{HRI}	[7.4-10.4]	fL
Platelet	167 ^{RI}	171 ^{RI}	[140-450]	x10 ³ /mcl

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Chart ID: 167692651

Print Date/Time: 1/9/2020 08:29 EST

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573

Patient: POTTS, CORNELIUS D

Admission Date: 3/22/2017

FIN:

35053047

Sex/DOB: Male

10/29/1956

Discharge Date: 3/24/2017

Hematology

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Collected Date	3/23/2017	3/22/2017		
Collected Time	07:44 EDT	09:27 EDT		
Procedure			Reference Range	Units
Neutro Auto	86.6 ^{HR}	63.2 ^{RI}	[44.0-79.0]	%
Lymph Auto	8.9 ^{LR}	23.0 ^{RI}	[22.0-44.0]	%
Mono Auto	3.7 ^{RI}	9.2 ^{RI}	[1.9-11.4]	%
Eos Auto	0.0 ^{RI}	3.7 ^{HR}	[0.0-3.0]	%
Basophil Auto	0.1 ^{RI}	0.4 ^{RI}	[0.0-1.0]	%
Neutro Absolute	10.2 ^{HR}	4.6 ^{RI}	[1.7-8.4]	x10 ³ /mcl
Lymph Absolute	1.0 ^{RI}	1.7 ^{RI}	[0.4-4.2]	x10 ³ /mcl
Mono Absolute	0.4 ^{RI}	0.7 ^{RI}	[0.0-1.2]	x10 ³ /mcl
Eos Absolute	0.0 ^{RI}	0.3 ^{RI}	[0.0-0.6]	x10 ³ /mcl
Baso Absolute	0.0 ^{RI}	0.0 ^{RI}	[0.0-0.1]	x10 ³ /mcl

Hematology

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Collected Date	3/23/2017	3/22/2017		
Collected Time	07:44 EDT	09:27 EDT		
Procedure			Reference Range	Units
WBC	11.8 ^{HR}	7.4 ^{RI}	[4.0-11.0]	x10 ³ /mcl
RBC	5.40 ^{RI}	5.47 ^{RI}	[4.70-6.10]	x10 ⁶ /mcl
Hgb	15.2 ^{RI}	15.5 ^{RI}	[14.0-18.0]	gm/dL
Hct	44.7 ^{RI}	45.7 ^{RI}	[39.0-53.0]	%
RDW	13.7 ^{RI}	13.8 ^{RI}	[<=16.0]	%
MCH	28.1 ^{RI}	28.3 ^{RI}	[25.0-35.0]	pg
MCHC	34.0 ^{RI}	33.9 ^{RI}	[31.0-37.0]	gm/dL
MCV	82.8 ^{RI}	83.5 ^{RI}	[80.0-99.0]	fL
MPV	10.5 ^{HR}	10.8 ^{HR}	[7.4-10.4]	fL
Platelet	167 ^{RI}	171 ^{RI}	[140-450]	x10 ³ /mcl
Neutro Auto	86.6 ^{HR}	63.2 ^{RI}	[44.0-79.0]	%
Lymph Auto	8.9 ^{LR}	23.0 ^{RI}	[22.0-44.0]	%
Mono Auto	3.7 ^{RI}	9.2 ^{RI}	[1.9-11.4]	%
Eos Auto	0.0 ^{RI}	3.7 ^{HR}	[0.0-3.0]	%
Basophil Auto	0.1 ^{RI}	0.4 ^{RI}	[0.0-1.0]	%
Neutro Absolute	10.2 ^{HR}	4.6 ^{RI}	[1.7-8.4]	x10 ³ /mcl
Lymph Absolute	1.0 ^{RI}	1.7 ^{RI}	[0.4-4.2]	x10 ³ /mcl
Mono Absolute	0.4 ^{RI}	0.7 ^{RI}	[0.0-1.2]	x10 ³ /mcl
Eos Absolute	0.0 ^{RI}	0.3 ^{RI}	[0.0-0.6]	x10 ³ /mcl
Baso Absolute	0.0 ^{RI}	0.0 ^{RI}	[0.0-0.1]	x10 ³ /mcl

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

MRN: 100937573
Patient: POTTS, CORNELIUS D
Admission Date: 3/22/2017

FIN: 35053047
Sex/DOB: Male 10/29/1956
Discharge Date: 3/24/2017

Send Out Tests

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Collected Date: 3/23/2017			
Collected Time: 15:13 EDT			
Procedure		Reference Range	Units
Add On Procedure	Processed ^{R1}		

Send Out Tests

@=abnormal | C=critical | L=low | H=high | #=corrected | f=result comment | *=interp. data | O=order comment | R=ref. lab | T=text result

Collected Date: 3/23/2017			
Collected Time: 15:13 EDT			
Procedure		Reference Range	Units
Add On Procedure	Processed ^{R1}		

Computed Tomography

ACCESSION	EXAM DATE/TIME	EXAM	ORDERING PROVIDER
	3/22/2017 09:43 EDT	CT Head or Brain w/o Contrast	Modi MD, Prachi M

CT Head or Brain w/o Contrast
CT BRAIN, UNENHANCED

HISTORY: Left-sided weakness x 1 month.

TECHNIQUE: Routine unenhanced axial CT of the brain.

Total Exam DLP (mGy-cm): 570.8

COMPARISON: None.

FINDINGS: There is no acute intracranial hemorrhage, extracerebral fluid collection, midline shift, or mass effect. No CT evidence of acute transcortical infarction. Mild cerebral white matter hypoattenuation is nonspecific but likely mild sequela of chronic small vessel ischemia in a patient of this age. Mild central parenchymal volume loss is seen. There is intracranial vascular calcification.

EINSTEIN HEALTHCARE NETWORK

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Admission Date: 3/22/2017

FIN:

35053047

Sex/DOB: Male

10/29/1956

Discharge Date: 3/24/2017

Computed Tomography**CT Head or Brain w/o Contrast**

Visualized paranasal sinuses are essentially clear. No suspicious calvarial lesions.

IMPRESSION:

No acute intracranial hemorrhage or transcortical infarction. MRI is more sensitive for acute ischemia.

Mild probable sequela of chronic small vessel ischemia and volume loss.

Exam Complete Date and Time 3/22/2017 9:43 AM , Report Signed Date

And Time

3/22/2017 9:47 AM.

Diagnostic Radiology

ACCESSION

EXAM DATE/TIME
3/22/2017 09:58 EDT

EXAM
GD Chest 2 Views

ORDERING PROVIDER
Modi MD, Prachi M

GD Chest 2 Views

CLINICAL INFORMATION: left sided weakness x 1 month

COMPARISON: Chest x-ray of 6/15/2015

TECHNIQUE/PROCEDURE: GD CHEST FRONTAL / LATERAL

FINDINGS:

LUNGS AND PLEURAL SPACES: The lungs are clear. There is no pleural effusion or pneumothorax. Trachea is midline. The pulmonary vasculature is normal.

CARDIOVASCULAR AND MEDIASTINUM: Cardiomedastinal silhouette is within normal limits.

UPPER ABDOMEN AND OSSEOUS STRUCTURES: Unremarkable

IMPRESSION: No active disease.

EINSTEIN HEALTHCARE NETWORK

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FIN: 35053047

Patient: POTTS, CORNELIUS D

Sex/DOB: Male 10/29/1956

Admission Date: 3/22/2017

Discharge Date: 3/24/2017

Diagnostic Radiology**GD Chest 2 Views**

Exam Complete Date and Time 3/22/2017 9:58 AM , Report Signed Date
 And Time
 3/22/2017 10:02 AM.

Magnetic Resonance Imaging

ACCESSION	EXAM DATE/TIME	EXAM	ORDERING PROVIDER
	3/22/2017 12:11 EDT	MRI Brain/ Cervical Spine w/o Contrast	Modi MD, Prachi M

MRI Brain/ Cervical Spine w/o Contrast

MR BRAIN/CERVICAL SPINE WITHOUT CONTRAST:

HISTORY: left sided weakness and altered sensation x 1 month.

TECHNIQUE:

MRI of the brain was obtained at 3 Tesla with the following sequences: Axial T2-weighted, sagittal 3-D T1-weighted and FLAIR with axial and coronal reformatted images, axial GRE, axial diffusion-weighted, and axial 3-D SWI.

MRI of the cervical spine was obtained with the following sequences:

Sagittal T1-weighted, sagittal T2-weighted, sagittal T2-weighted fat suppressed, axial T2-weighted, and axial GRE.

No intravenous contrast.

COMPARISON: CT brain done on 3/22/2017.

FINDINGS:

Brain: There is focal encephalomalacia in the left posterior inferior temporal lobe, may be sequela of prior ischemia or trauma. A few scattered foci of T2 prolongation is seen in the cerebral white matter, nonspecific, but may represent mild sequela of chronic small vessel ischemia in a patient

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FIN:

35053047

Patient: POTTS, CORNELIUS D

Sex/DOB:

Male

10/29/1956

Admission Date: 3/22/2017

Discharge Date: 3/24/2017

Magnetic Resonance Imaging**MRI Brain/ Cervical Spine w/o Contrast**

of this
age. There are bilateral small medial middle cranial fossa arachnoid
cysts,
right larger than left. There is no acute intracranial hemorrhage,
extracerebral
fluid collection, midline shift or mass effect. No acute infarction.
No
abnormal susceptibility. Mild cerebral and cerebellar parenchymal
volume loss
is seen.

Mild mucosal thickening is seen in the ethmoid air cells. No
suspicious marrow
signal.

Cervical spine: There is straightening of the cervical lordosis.
Minimal
retrolisthesis of C3 on C4 is seen, likely degenerative. Vertebral
body heights
are preserved. No suspicious marrow signal. Cervicomedullary junction
is normal
in appearance. There is focal cord signal abnormality at C4-5
compatible with
compressive myelopathy. Multilevel disc desiccation is seen, with
moderate to
severe disc space narrowing at C3-4 through C6-7 levels. Endplate
edema is seen
at C4-5, likely degenerative.

C2-3: Posterior disc osteophyte complex and ligamentum flavum
thickening.
Moderate spinal canal stenosis. Uncovertebral and facet arthrosis are
seen with
moderate left greater than right neural foramina narrowing.

C3-4: Posterior disc osteophyte complex abutting the ventral cord.
Mild
ligamentum flavum thickening. Moderate spinal canal stenosis.
Uncovertebral and
facet arthrosis are seen with moderate to severe right greater than
left neural
foramina narrowing.

C4-5: Posterior disc osteophyte complex eccentric to the left.

EINSTEIN HEALTHCARE NETWORK

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Admission Date: 3/22/2017

FIN:

35053047

Sex/DOB: Male

10/29/1956

Discharge Date: 3/24/2017

Magnetic Resonance Imaging**MRI Brain/ Cervical Spine w/o Contrast**

Ligamentum flavum thickening. Severe spinal canal stenosis with abnormal signal within the cord compatible with compressive myelopathy. Uncovertebral and facet arthrosis are seen with severe right greater than left neural foraminal narrowing.

C5-6: Posterior disc osteophyte complex and ligamentum flavum thickening. Moderate to severe spinal canal stenosis. Uncovertebral and facet arthrosis are seen with moderate to severe left greater than right neural foraminal narrowing.

C6-7: Posterior disc osteophyte complex and ligamentum flavum thickening. Mild to moderate spinal canal stenosis. Uncovertebral and facet arthrosis are seen with moderate to severe right and moderate left neural foraminal narrowing.

C7-T1: Posterior disc osteophyte complex eccentric to the right. Mild spinal canal stenosis. Uncovertebral and facet arthrosis are seen with moderate right and mild left neural foraminal narrowing.

Visualized paraspinal soft tissue is unremarkable.

IMPRESSION:

No acute intracranial abnormality. Focal left posterior inferior temporal encephalomalacia, may be sequela of prior ischemia or trauma. Mild probable sequela of chronic small vessel ischemia and volume loss.

Advanced multilevel spondylosis of the cervical spine as described above, with severe spinal canal stenosis at C4-5 and associated abnormal cord signal at this level compatible with compressive myelopathy. Moderate spinal canal stenosis at C2-C3, C3-4, and moderate to severe spinal canal stenosis at C5-6.

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
 559 West Germantown Pike
 East Norriton, PA 19403-

MRN: 100937573

Patient: POTTS, CORNELIUS D

Admission Date: 3/22/2017

FIN:

35053047

Sex/DOB: Male

10/29/1956

Discharge Date: 3/24/2017

Magnetic Resonance Imaging**MRI Brain/ Cervical Spine w/o Contrast**

Multilevel neural foraminal narrowing, moderate left greater than right at C2-3, moderate to severe right greater than left at C3-4, severe right greater than left at C4-5, moderate to severe left greater than right at C5-6, moderate to severe right and moderate left at C6-7, and moderate on the right at C7-T1.

Exam Complete Date and Time 3/22/2017 12:11 PM , Report Signed Date And Time
 3/22/2017 12:44 PM.

AP

COLLECTED DATE/TIME: 8/6/2015 09:32 EDT
 RECEIVED DATE/TIME: 8/6/2015 10:17 EDT

ACCESSION:
 MF-15-0000286

Diagnosis**Right renal mass, fine needle aspiration:**

- Abundant granular and amorphous debris suggestive of hemorrhagic cyst contents.
- No cyst lining epithelium included in this aspirate.
- This aspirate is best considered nondiagnostic.

PATRICIA M PEROSIO, MD

(Electronic signature)

Verified: 08/10/2015 11:26 EDT

Clinical Information

Relevant Clinical Information: renal mass
 Type of Procedure: FNA

Source of Specimen

Right Renal Mass

Special Stains / Slides

CYTO PREPARATIONS

Smears: Pap Stained 3

Diff Quik 3

Cell Block H&E Slides 1

TOTAL ROUTINE SLIDES 7

Printed By: Wilson, Jean

Page 50 of 52

Chart ID: 167692651

Print Date/Time: 1/9/2020 08:29 EST

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 559 West Germantown Pike
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Right Renal Mass

Special Stains / Slides

CYTO PREPARATIONS

Smears: Pap Stained 3

Diff Quik 3

Cell Block H&E Slides 1

TOTAL ROUTINE SLIDES 7

Non-Gyn Cytology Report

COLLECTED DATE/TIME: 8/6/2015 09:32 EDT
 RECEIVED DATE/TIME: 8/6/2015 10:17 EDT

ACCESSION:
 MF-15-0000286

Diagnosis

Right renal mass, fine needle aspiration:

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- No cyst lining epithelium included in this aspirate.
- This aspirate is best considered nondiagnostic.

PATRICIA M PEROSIO, MD
 (Electronic signature)
 Verified: 08/10/2015 11:26 EDT

EINSTEIN HEALTHCARE NETWORK

Einstein Medical Center Montgomery
559 West Germantown Pike
East Norriton, PA 19403-

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Non-Gyn Cytology Report.

COLLECTED DATE/TIME: 8/6/2015 09:32 EDT
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ACCESSION:
MF-15-0000286

Source of Specimen

Right Renal Mass

Clinical Information

Relevant Clinical Information: renal mass
Type of Procedure: FNA

Gross Description

From 3 passes: Prepared 3 air-dried, 3 fixed smears and needle flush in 10% Neutral Buffered Formalin for preparation of 1 cell block.

Microscopic Description

A fine needle aspiration of a right renal mass was performed under radiologic guidance. 3 air dried smears, 3 fixed smears, and one cell block are reviewed. This aspirate contains abundant granular and amorphous debris with background blood suggestive of degenerating hemorrhagic cyst contents. No epithelium is identified.

Special Stains / Slides

CYTO PREPARATIONS
Smears: Pap Stained 3
Diff Quik 3
Cell Block H&E Slides 1

TOTAL ROUTINE SLIDES 7

Tissue Code

1

Performing Locations

R1: This test was performed at:
EMCM Laboratory, 559 West Germantown Pike, East Norriton, PA, 19403- , (484) 622-1475

EXHIBIT “E”

Date Filed	#	Docket Text
03/12/2019	<u>1</u>	NOTICE OF REMOVAL by MEDICAL MANAGEMENT INTERNATIONAL, INC. from Common Pleas Montgomery County, case number 2019-02406. Certificate of Service. (Filing fee \$ 400 receipt number 193975)(jwl,) (Main Document 1 replaced on 3/15/2019) (jwl,). (Entered: 03/14/2019)
03/27/2019	<u>2</u>	ORDERED THAT THE PROTHONOTARY OF THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PA, MAY SUBMIT THE AFORESAID RECORDS TO THE CLERK OF THIS COURT IN ELECTRONIC FORMAT, SO THAT THEY CAN BE FILED IN THE ABOVE-CAPTIONED MATTER. SIGNED BY HONORABLE WENDY BEETLESTONE ON 3/27/2019. 3/28/2019 ENTERED AND COPIES MAILED TO UNKREPS AND E-MAILED (sg,) (Entered: 03/28/2019)
04/03/2019	<u>3</u>	Original Record together with certified copy of docket entries received from Court of Common Pleas of Montgomery County. (Attachments: # <u>1</u> PART 2, # <u>2</u> PART 3, # <u>3</u> PART 4, # <u>4</u> PART 5, # <u>5</u> PART 6, # <u>6</u> PART 7, # <u>7</u> PART 8, # <u>8</u> PART 9, # <u>9</u> PART 10, # <u>10</u> PART 11, # <u>11</u> PART 12, # <u>12</u> PART 13, # <u>13</u> PART 14)(sg,) (Entered: 04/03/2019)
05/17/2019	<u>4</u>	ANSWER to Complaint <i>WITH AFFIRMATIVE DEFENSES</i> by BANFIELD PET HOSPITAL, MEDICAL MANAGEMENT INTERNATIONAL, INC., PETSMART, INC. (WICKERSHAM, RICHARD) (Entered: 05/17/2019)
05/22/2019	<u>5</u>	NOTICE OF CONFERENCE: PRETRIAL CONFERENCE SET FOR 6/27/2019 05:00 PM IN JUDGE'S CHAMBERS BEFORE HONORABLE WENDY BEETLESTONE. (Attachments: # <u>1</u> Electronic Discovery Order, # <u>2</u> Joint Report and Discovery Plan)(amw,) (Entered: 05/22/2019)
06/27/2019	<u>6</u>	PAPERLESS ORDER REFERRING CASE TO ARBITRATION AND CANCELLING THE PRELIMINARY PRETRIAL CONFERENCE SET FOR 06/27/2019 AT 5:00 PM IN CHAMBERS. BY HONORABLE WENDY BEETLESTONE ON 06/27/2019. 06/27/2019 ENTERED AND E-MAILED. (mima,) (Entered: 06/27/2019)
07/02/2019	<u>7</u>	NOTICE of Hearing: ARBITRATION HEARING SET FOR 10/30/2019 09:30 AM IN Philadelphia.(jwl,) Modified on 7/12/2019 (jwl,). (Main Document 7 replaced on 7/12/2019) (jwl,). (Entered: 07/02/2019)
07/11/2019	<u>8</u>	ORDER REFERRING CASE TO ARBITRATION AND APPOINTING WILLIAM HERBERT HOWARD, STANLEY J. ELLENBERG, AND SCOTT M. WILHELM AS ARBITRATORS. SIGNED BY HONORABLE WENDY BEETLESTONE ON 7/11/19. 7/11/19 ENTERED AND COPIES E-MAILED.(jwl,) (Entered: 07/11/2019)
09/18/2019	<u>9</u>	MOTION to Compel <i>Plaintiffs' Discovery Responses</i> filed by BANFIELD PET HOSPITAL, MEDICAL MANAGEMENT INTERNATIONAL, INC., PETSMART, INC..Memorandum of Law, Certificate of Good Faith, Certificate of Service. (Attachments: # <u>1</u> Exhibit)(PERRY, MARC) (Entered: 09/18/2019)
09/23/2019	<u>10</u>	PAPERLESS ORDER DENYING <u>9</u> MOTION TO COMPEL BY HONORABLE WENDY BEETLESTONE ON 09/23/2019. IT IS FURTHER ORDERED THAT A CONFERENCE CALL IS SCHEDULED TO TAKE PLACE ON THURSDAY, SEPTEMBER 26, 2019 AT 2:30 P.M. COUNSEL FOR DEFENDANTS SHALL INITIATE THE CALL AND ONCE ALL PARTIES ARE ON THE LINE CALL IN THE CHAMBERS AT 267-299-7450 TO CONNECT THE JUDGE. THANK YOU.09/23/2019 ENTERED AND COPIES E-MAILED.(amw,) (Entered: 09/23/2019)
09/26/2019	<u>11</u>	Minute Entry for proceedings held before HONORABLE WENDY BEETLESTONE Conference Call held on 09/26/2019 (nd,) (Entered: 09/27/2019)
10/17/2019	<u>12</u>	ORDERED THAT THE PARTIES' LETTER REQUEST BY WAY OF STIPULATION TO RESCHEDULE THE ARBITRATION IS DENIED. SIGNED BY HONORABLE WENDY BEETLESTONE ON 10/16/2019. 10/18/2019 ENTERED AND COPIES E-MAILED.(sg,) (VACATE PER #13) (Entered: 10/18/2019)
10/22/2019	<u>13</u>	ORDER THAT THE CLERK OF COURT SHALL VACATE THIS COURT'S ORDER (ECF #12) DATED 10/17/19. THE PARTIES ARE GRANTED A SIXTY DAY ARBITRATION CONTINUANCE, ETC.. SIGNED BY HONORABLE WENDY BEETLESTONE ON 10/21/19. 10/23/19 ENTERED AND E-MAILED, COPY TO ARB CLERK.(jl,) (Entered: 10/23/2019)
10/23/2019	<u>14</u>	NOTICE of Hearing: ARBITRATION HEARING RESCHEDULED FOR 12/18/2019 09:30 AM IN Philadelphia.(kp,) (Entered: 10/23/2019)
11/19/2019	<u>15</u>	ORDER THAT WILLIAM HOWARD, STANLEY ELLENBERG AND SCOTT WILHELM ARE DISMISSED, AND PATRICK MURPHY, JEROME KLINE, AND DANIEL WOOSTER ARE APPOINTED AS ARBITRATORS ON 12/18/2019. SIGNED BY HONORABLE WENDY BEETLESTONE ON 11/18/2019. 11/19/2019 ENTERED AND COPIES E-MAILED.(kp,) (Entered: 11/19/2019)
12/17/2019	<u>16</u>	NOTICE of Withdrawal of Appearance by RICHARD B. WICKERSHAM, JR on behalf of All Defendants (WICKERSHAM, RICHARD) (Entered: 12/17/2019)
12/18/2019	<u>17</u>	ARBITRATION AWARD. ENTERED AND COPIES E-MAILED.(kp,) (Entered: 12/18/2019)
01/13/2020	<u>18</u>	Appeal from Arbitration Award by BANFIELD PET HOSPITAL, MEDICAL MANAGEMENT INTERNATIONAL, INC., PETSMART, INC. Certificate of Service. (PERRY, MARC) Modified on 1/13/2020 (lised,) (Entered: 01/13/2020)